



APPLICATION FOR A DAILY/SPECIAL EVENT
PALISADE BUSINESS LICENSE

DATE(S) OF BUSINESS OPERATION: _____

FESTIVAL OR EVENT NAME: _____

1. Name of Business: _____

2. DBA: _____

3. Owner(s) Name: _____

4. E-Mail Address: _____

5. Colorado Sales Tax ID Number: _____

6. Indicate the type of ownership: Individual Company LLC Corporation
 Association/Club Other _____

7. Place of Business (full address): _____

8. Mailing address (if different from above): _____

9. Business Telephone Number: _____

10. Indicate type of Business: Wholesale Retail Service Non-Profit Lodging Home
Occupation Other (explain) _____

11. Principal Goods or Service Provided: _____

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I declare, under the penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith pursuant to applicable tax laws and regulations, and to the best of my knowledge and belief, are true, correct, and complete. I also certify that I understand and agree to comply with all applicable laws and regulations, including zoning regulations, of the Palisade Municipal Code.

Signature of Applicant _____ Date: _____

Title: _____

The Palisade Daily/Special Event Business License Fee is **\$10.00** per day or per event.

Make check payable to the "Town of Palisade." Thank you.

Please mail or deliver completed application and fee to:

Town of Palisade
175 E 3rd Street
PO Box 128
Palisade, CO 81526
Questions? Call (970) 464-5602

<p><u>For Office Use Only</u> Paid: \$ _____ Date: _____ Receipt #: _____ _____</p>
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Town of Palisade, Colorado
Daily/Special Event Business License Application
Property Owner Consent

Town Clerk's Office • 175 East Third Street • Palisade • Colorado • 81526
970-464-5602 • kfrasier@townofpalisade.org

Business Name	
Applicant Name	
Proposed Physical Address of Where Sales will Occur	
Days/Hours of Operation	
Description of goods/services being sold. Please include the type of structure that will be used for sales (i.e. food truck, pop-up, etc.)	

Owner's Consent to Allow Temporary Business on Owned Premises

As the owner of the real property listed above, I hereby authorize the sale of goods and/or services by the above listed merchant on the days and hours listed.

Property Owner (Printed Name)

Property Owner Signature

Date