

**TOWN OF GRAND LAKE**

P. O. Box 99  
Grand Lake, CO 80447  
(970) 627-3435

**NIGHTLY RENTAL LICENSE 2012 RENEWAL APPLICATION**

<b>ITEMS TO BE CHECKED BY STAFF:</b>	<b>DATE/BY</b>
License Fee Received (\$400)	
Colorado Sales Tax License number verified	
All Town obligations paid	

**Please Type or Print legibly:**

Application Period **01/01/2012 to 12/31/2012**

Colorado Sales Tax Number \_\_\_\_\_  
(If using a local management company, list their name as they should have their number on file with the Town.)

Owner Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Nightly Rental Property Address:** \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

**Nightly Rental Property Legal Description:**

Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_ Subdivision Name \_\_\_\_\_

**OR**

**Other Legal Description** (Condos/Townhomes): \_\_\_\_\_

**OR**

**Metes and Bounds** Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**Local Contact information if different than owner:**

*Please include this information even if it is the same as previous applications.*

Property Manager \_\_\_\_\_ Management Phone Number \_\_\_\_\_

Manager Address \_\_\_\_\_

Local Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
(If different than management company/person)

Contact Address \_\_\_\_\_

*Applicant certifies that all information submitted is true and correct.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The granting of this license does not presume to give authority to violate or cancel the provisions of any other state, local law, or covenant regulating this use.*