



Town of Ignacio Business License Application

Date of Application: _____

Business Name: _____

Phone: _____ Mobile: _____

Mailing Address: _____

Physical Address: _____

Applicant Name: _____

Phone: _____ Mobile: _____

Type of Business

| | <u>Fee</u> | <u>Total</u> |
|---|------------|---------------------------------------|
| <input type="checkbox"/> Commercial Vendor | \$75.00 | Permit expires one year after payment |

Business with no physical address in town, NOT collecting sales tax.

Type of merchandise: _____

Are you working with a business within Town limits? Yes No

Name of business: _____

Solicitor/Vendor

| DOES NOT include Ignacio Bike Week | <u>Fee</u> | <u>Total</u> |
|---|------------|---------------------------------------|
| <input type="checkbox"/> Day Use | \$5.00 | Date _____ |
| <input type="checkbox"/> Week | \$20.00 | Dates _____ |
| <input type="checkbox"/> Month | \$40.00 | Dates _____ |
| <input type="checkbox"/> Year | \$75.00 | Permit expires one year after payment |

Business with no physical address in town, collecting sales tax

Type of merchandise: _____

If selling from a vehicle please provide a description and license plate number(s).

Vending Location _____

Attach a copy of photo ID

I hereby acknowledge that when selling merchandise within Town of Ignacio, I am required, BY **Initials:**
LAW to collect 6.9% sales tax and remit to the State of Colorado, Department of Revenue. I
further acknowledge that a sales tax license number is required. _____

State Tax ID Number _____

| | <u>Fee</u> | <u>Total</u> | |
|--|------------|--------------|---------------------------|
| <input type="checkbox"/> Town Business | \$30.00 | | For 2 or less employees |
| <input type="checkbox"/> Additional Employee | \$5.00 | \$0.00 | 2 part time = 1 full time |
| Number of employees: | | | |

Town of Ignacio Business Licenses expire December 31st.

Address of business MUST be within Town limits.

Food establishments must attach a copy of the current Colorado Retail Food Service License.

License Number: _____

I hereby acknowledge that when selling merchandise within Town of Ignacio, I am required, BY **Initials:**
LAW to collect 6.9% sales tax and remit to the State of Colorado, Department of Revenue. I
further acknowledge that a sales tax license number is required. _____

State Tax ID Number _____

RETAIL SALES ARE REQUIRED, BY LAW, TO COLLECT 6.9% SALES TAX TO REMIT TO THE STATE OF
COLORADO, DEPARTMENT OF REVENUE

Food vendors are required to have a Food Handler's License from the State of Colorado
to sell food items

I acknowledge I received Town of Ignacio Municipal Code pertaining to **Applicant**
the business licence(s) for which I applied. **Initials:** _____

Staff gave applicant necessary information, including Town of Ignacio **Staff Initials**
Municipal Code regarding the business license(s). _____

I agree to comply with all requirements set forth in the Town of Ignacio Municipal Code

Applicant
Signature: _____ **Date:** _____

Total Paid: \$0.00

*Please make checks payable to Town of Ignacio. Credit/Debit cards will be charged a \$4.00 fee or \$6.00 if
numbers are keyed in.*