

TOWN OF SAGUACHE
P. O. BOX 417
504 San Juan Avenue
SAGUACHE, COLORADO 81149
Phone (719) 655 2232
Fax (719) 655-2699
Email: deputyclerk@centurytel.net

Date: BL13-

NAME OF BUSINESS:	
OWNER or BUSINESS/MANAGER:	
STREET ADDRESS OF BUSINESS	
BUSINESS Mailing Address: St. or POB# City, State, ZIP	
BUSINESS Phone #	
OWNER's Name OWNER's Address OWNER's Phone #	
TYPE OF BUSINESS	
EMERGENCY - contact who? EMERGENCY - after hour phone #	
Email Address	
How do you wish to receive your renewal notice for next year?	__Email __Fax __U.S. Mail

AFFIDAVIT – [Source: House Bill 06S 1023]

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that [check one]:

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United State pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____ Date _____

◆ Local tax rate is 3%

◆ **Please submit \$12.00 with this application**

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◆ **Cert#BL13- Receipt# Ck# Proof:**