



Town of Milliken

1101 Broad Street * PO Box 290 * Milliken, CO 80543
Phone: 970.587.4331 * Fax: 970.587.2678

Staff Use Only

License #: _____

Fee Paid: _____

License Mailed: _____

CBI Approved: _____

BUSINESS LICENSE APPLICATION

\$20 fee payable to the Town of Milliken

Business Name: _____

Please Print

Business Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Business Phone: _____ Business Fax: _____ Email: _____

Name of Owner: _____ Birthdate: _____

Owner Address: _____ Phone: _____

Name of Manager: _____

Manager Address: _____ Phone: _____

Type of Business: _____

Have you ever been denied or revoked a license to conduct any business? Yes _____ No _____

If yes, attach a separate page explaining the details.

Have you been arrested and/or convicted within the last five years for a misdemeanor or felony? Yes _____ No _____

If yes, attach a separate page explaining the details.

I hereby acknowledge and affirm that I will operate my business in compliance with all applicable local, state and federal laws, and understand that my business must not violate the Town of Milliken zoning regulations.

Applicant Signature

Date