



Town of New Castle
 PO Box 90
 450 West Main Street
 New Castle, CO 81647
 970-984-2311
 Fax: 970-984-2716
www.newcastlecolorado.org

BUSINESS LICENSE APPLICATION
FEE: \$25.00

Business Name:

Physical Address:

Mailing Address:

Phone Number: Fax Number:

E-Mail Address: Web Site Address:

Do you have legal possession of the premises through ownership, lease or other arrangement, through December 31 of the current year? Yes No
 Ownership
 Lease – **I have permission from my landlord to operate this business on the premises.**
 Other (explain in detail)

Applicant is:
 Individual (attach Lawful Presence Affidavit)
 Corporation Partnership
 Limited Liability Company Other

Date Business Started at This Location: # of Employees:

Nature of the Business:

Sales Tax Number:

I understand that sales tax in the amount of 8.2% (2.9% State; 1.0% County; 3.5% Town of New Castle; .8% RFTA) is to be collected on all applicable sales.

 (Initials)

Owner's Name: Home Phone:

Home Address:

Contact Person's Name (If different):

Emergency Contact Information:

OATH OF APPLICANT
I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Revised Statutes and the New Castle Municipal Code which affect my license.

Signature _____ Date _____

For Town Use Only

Date Fee Paid: Zone District: LPA on file

Special Permits (if applicable):

Date Approved: License Number: