



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

SPECIAL EVENT BUSINESS LICENSE APPLICATION
FEE: \$5.00

Business Name:	
Physical Address:	
Mailing Address:	
Phone Number:	Fax Number:
E-Mail Address:	Web Site Address:
Special Event:	
Date(s) of Event	From: To:
Do you have permission from the organizer of this special event to participate in this special event? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Copy of permit attached	
Applicant is:	
<input type="checkbox"/> Individual (attach Lawful Presence Affidavit) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____	
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):	

 Signature Date

For Town Use Only

Date Fee Paid:	Zone District:
Special Permits (if applicable):	
Date Approved:	License Number: