

970-351-0041

Fax 970-351-6549



621 27th Street Road

Garden City, CO 80631-8466

Business License Application

Please fill out both sides of this form and return to the Town Hall with the appropriate fees. If you have any questions, please call the Town Hall at 351-0041.

Date: _____ DBA: _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address if different _____ City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Business Hours and Days of Operation: _____

Is the public allowed to come into your business to make purchases?

Do you sell reconditioned materials?

Do you sell at wholesale?

Do you sell at retail?

Do you pay Colorado Sales Tax? _____ State of Colorado sales tax number: _____

Property Owner(s): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date _____ Signature of Applicant _____

You are responsible for notifying us of any changes.

Fee: _____

If you have a physical business location in Garden City, Page 2 is required. If not, skip to Page 3.

POLICE DEPARTMENT – RESPONSIBLE PARTY INFORMATION

Business Name: _____ **Business Phone:** _____

Address: _____

Type of Business _____

Business Owners: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Manager's Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Responsible Persons: Have access to business after working hours. *Please notify Police of any changes.*

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

Alarm Information: Does the business have a fire or burglary alarm? Fire _____ Burglary _____ Both _____

Alarm type:

Monitored by Security Company

Security Company: _____ **Address:** _____ **Phone:** _____

Miscellaneous Information:

How many entry and exit doors are in the building? _____ **Locations:** _____

Is alcohol stored in the building? _____ **Locations:** _____

Are drugs stored in the building? _____ **Locations:** _____

Are weapons stored in the building? _____ **Locations:** _____

In case of emergency, notify:

Name: _____ **Address:** _____ **Phone:** _____

The following program is being offered to you as a public service by law enforcement:

Physical Security Check