



BL #: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

APPLICATION FOR A 2024 FAIRPLAY BUSINESS LICENSE

1. Name of Business: _____
2. Owner(s) Name(s): _____
3. Type of ownership: ___ Individual ___ Company ___ LLC ___ Corporation
___ Association/Club ___ Other _____
4. Physical Business Address: _____
5. Mailing address (If different from above): _____
6. Telephone No.: _____
7. E-mail address: _____
8. Website address: _____
9. State Sales Tax Account Number (If applicable): _____
Please provide a copy of your license with application
10. SSN# / Fed Tax #: _____
11. State Food Service/Contractor/Other License # (if applicable): _____
Please provide a copy of your license with application
12. Indicate type of Business: ___ Wholesale ___ Retail ___ Service ___ Non-Profit
___ Other (explain) _____
13. Detailed Description of Business: _____

I declare, under the penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith pursuant to applicable tax laws and regulations, and to the best of my knowledge and belief, are true, correct, and complete.

Signature of Applicant _____ Date: _____

Printed Name: _____ Title: _____

The Business License Fee is **\$100.00** per year. Pursuant to Fairplay Municipal Code Chapter 6, licenses expire annually on December 31 and renewal fees are due on or before January 31. A late fee of 50% shall be paid by any licensee who fails to renew by January 31.

Please mail completed application and fee to:

Town of Fairplay
Attn: Business Licensing
PO Box 267
Fairplay, CO 80440

<u>For Town Use Only</u>				
Zone: _____	Permitted Use: _____	SUP Req: _____		
Bldg Official Review/Notes: _____				

State License	Food	Contractor	Electrical/Plumbing	Other _____
Fire Dept Sign Off/Notes: _____				
Police Dept Sign Off/Notes: _____				
Other Requirements: _____				

“Where History Meets the High Country”