

Fee\$ \_\_\_\_\_

FOR OFFICE USE ONLY

License No. \_\_\_\_\_

Amount Due: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date Paid: \_\_\_\_\_

### CITY OF EVANS BUSINESS LICENSE APPLICATION

1100 37<sup>th</sup> Street

Evans CO 80620

(970) 475-1100 – Fax: (970) 330-3472

New Application

Renewal Application

Name of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Local Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: (if different from business address) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Owner: (If different than above) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Manager: (If different than owner) \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Home Occupation: Yes  No  (If Yes, fill out Home Occupation Certificate form)

Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ (not including self)

Contact Person in Case of Emergency:

Name	Address	Phone

State Sales Tax Number: \_\_\_\_\_ State Electrical Number (if applicable) \_\_\_\_\_

State Plumbing Number (if applicable) \_\_\_\_\_

The undersigned certifies that the foregoing information is true and correct and that all of the business conducted by such business is legally allowed under local (City of Evans), state (Colorado), and federal (United States) law. The undersigned further understands that should any of the information in this application should later be deemed false, such business license can be immediately revoked by the City.

\_\_\_\_\_  
Applicant's Signature Date

**Administrative Action:**

*(This section only applies to new applications for businesses located in Evans)*

Reviewed and approved:

By _____ Planning/Zoning Department Date	By _____ Building Department Date	By _____ Fire Department Date
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Comments: \_\_\_\_\_