



TOWN OF DILLON
 275 Lake Dillon Drive | PO Box 8, Dillon CO 80435
 (970) 468-2403

APPLICATION FOR BUSINESS LICENSE - \$60.00

NAME OF BUSINESS: _____

DBA: _____ ACCOUNT #: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

MANAGER NAME: _____ IN TOWN: _____

of EMPLOYEES (including owner): _____ HOURS OF OPERATION: _____

PHONE NO: _____ FAX NO: _____

E-MAIL: _____ WEB ADDRESS: _____

DATE YOU BEGAN DOING BUSINESS AT THIS LOCATION: _____

SALES TAX NO: _____ FEDERAL ID#: _____ STATE ID#: _____

I WILL FILE TAXES: _____ Monthly _____ Quarterly _____ Annually _____ N/A

Additional Town of Dillon Sales Tax information can be found at www.townofdillon.com or call (970) 468-2403. Information concerning registering with the State of Colorado can be found at www.sos.state.co.us or by calling the State business license hotline 800-333-7798. Use Colorado Business Registration form CR100.

Are you submitting this application as a sole proprietor? _____ Yes _____ No

State law requires proof of lawful presence in the United States prior to receipt of public benefit if you have submitted this application as a sole proprietorship. Please request a Lawful Presence Affidavit and provide proof of identification with your affidavit.

AFTER HOURS EMERGENCY CONTACT INFORMATION



Please provide current contact information to the help the Dillon Police Department protect your property in the event of an after-hours emergency at you business. All emergency information is confidential. If you have questions, call (970) 468-6078.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Renewal of the business license shall be made at the beginning of each calendar year. Non-payment may result in a fine and/or filing of a lien, to be collected by the Summit County Treasurer.

Application is hereby made for a license to do business during the current calendar year, within the Town of Dillon, Colorado, as defined by applicable ordinances. The applicant, or authorized agent executing this application, states under penalties of perjury, that the above information is true and correct to the best of his/her knowledge, information and belief.

When this form is completed and signed, return to astuckey@townofdillon.com. Payment can be made online at www.xpressbillpay.com or by check mailed to the Town of Dillon by January 1, 2019. For assistance email astuckey@townofdillon.com or call (970) 262-3407.

BY: _____ DATE: _____