

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

APPLICATION FOR A 2017 FAIRPLAY BUSINESS LICENSE

1. Name of Business: _____
2. Owner(s) Name: _____
3. Indicate the type of ownership: ___ Individual ___ Company ___ LLC
___ Corporation ___ Association/Club ___ Non-Profit _____ Other
4. Place of Business (full address): _____

5. Mailing address (If different from above): _____

6. Telephone No.: _____
7. E-mail address: _____
8. Date you began business in Fairplay: _____
9. State Sales Tax Account Number (If applicable): _____

10. Indicate type of Business: ___ Wholesale ___ Retail ___ Service ___ Non-Profit ___ Other
(explain) _____
11. Principal Goods or Service Provided: _____

12. Do you have a web-site? Y N If Yes, Would you like us to provide a link to your web-site from the Town of Fairplay site? Y N If so, please provide the website address: _____

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 Fairplay Business License Fee is **\$25.00** per year. **Non-profits are required to have a business license but there is no fee.** Make check payable to the "Town of Fairplay." This is an annual fee payable and due at the beginning of each new year.

Please mail completed application and fee to:

Town of Fairplay
PO Box 267
Fairplay, CO 80440

For Office Use Only
License No. _____
Date received: _____
Date mailed: _____

"Where History Meets the High Country"