

PLEASE SEND THIS FORM BACK, NO COPIES ACCEPTED
LICENSE HOLDER MUST NOTIFY THE CITY OF ANY CHANGES IN THE INFORMATION LOCATED BELOW.

DO NOT WRITE IN THIS SPACE
License# _____
Issued: _____
By: _____
Admin Review

Email address OR website _____

**CITY OF IDAHO SPRINGS
BUSINESS LICENSE APPLICATION
ANNUAL RENEWAL DUE PRIOR TO JANUARY 1 OF EACH YEAR
LICENSE FEE: \$75.00**

DATE: _____ NEW OR RENEWAL: _____

SOLE PROPRIETOR: _____ *yes* _____ *no*

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

OWNER: _____ **HOME PHONE:** _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____

STATE SALES TAX NUMBER _____

ALL NEW LICENSES OR NEW LOCATIONS MUST IN THE CITY LIMITS OF IDAHO SPRINGS HAVE THE FOLLOWING DOCUMENTATION:

*** FIRE INSPECTION**
(CALL 303-567-4342 TO SET UP INSPECTION)

*** ALL FOOD SERVICE ESTABLISHMENTS MUST HAVE AN ANNUAL HEALTH DEPARTMENT INSPECTION WITHIN 120 DAY OF LICENSE RENEWAL**
(CALL 303-569-3251 EX. 335 TO SET UP INSPECTION)

*** ALL PAPERWORK OBTAINED FOR THE ABOVE (*) MUST BE ATTACHED TO THIS APPLICATION**

I affirm that the information contained in this application is true and accurate.

Signature of Applicant

Date

(Please make checks payable to the City of Idaho Springs, Box 907 Idaho Springs, CO 80452)

