



**BUSINESS LICENSE AND SALES TAX LICENSE APPLICATION**

**NEW Business License**     **RENEWAL Business License**

**BUSINESS NAME:**

Enter the name you will be doing business as. You must operate and advertise in the exact name listed.

**MAILING ADDRESS:**

Street Address or PO Box \_\_\_\_\_ City    State    Zip

**PHYSICAL ADDRESS:**

Street Address \_\_\_\_\_ City    State    Zip

Do you have a physical business location within the Town of Mountain View?     Yes     No

If yes, please provide physical address in Mountain View:

Street Address \_\_\_\_\_

**CONTACT INFORMATION:**

Print Name/Title \_\_\_\_\_ Telephone/Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

**OWNERSHIP INFORMATION:** Choose ownership type.

Sole Proprietor     Partnership     Corporation     LLC     LLP     LP     Other \_\_\_\_\_

**Name(s) of Owner(s) OR Entity Name:**

Clearly print name of Sole Proprietor (one individual owner) OR all partner names if a Partnership (if necessary, list partners on a separate page) OR Entity name if a Corporation, LLC, LLP, or LP.

Please provide documentation from Colorado Secretary of State's Office showing you are authorized to do business in the State of Colorado.

**ADDITIONAL LICENSE/REGISTRATION NUMBERS MAY BE REQUIRED:**

**Professional License Number:** \_\_\_\_\_ (Required for Corp., LLC, LLP, LP if applicable)

**Colorado Sales Tax License No:** \_\_\_\_\_

**Colorado State Sales Tax Reports Filed:**     Monthly     Quarterly

**Fees for business licenses are as follows:**

**Automobile Repair \$35**

**Beauty Salon \$20.00**

**Furniture Salon \$100**

**Liquor – Licensed Business Without Restaurant \$200**

**Liquor – Licensed Business With Restaurant \$330**

**Optometrist / Ophthalmologist / Optician \$30.00**

**Pawnbroker \$3,000**

**Restaurant \$130**

**Sexually Oriented Business \$3,000**

**All Other Businesses not listed \$50**

**What product or service do you provide? \_\_\_\_\_**

**By signing this application, I declare, under penalty of perjury, that the information contained in this application is true and complete.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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**OFFICE USE ONLY:**

**License Number:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

**Date Payment Received:** \_\_\_\_\_

**Payment Type:** Cash \_\_\_ / Check/Money Order Number \_\_\_\_\_ / Credit Card \_\_\_\_\_