

**TOWN OF SEVERANCE**  
3 S. TIMBER RIDGE PARKWAY, P.O. BOX 339, SEVERANCE, CO 80546  
PHONE: (970) 686-1218 FAX: (970) 686-6250

**APPLICATION FOR BUSINESS LICENSE and/or SALES TAX LICENSE**  
(TYPE OR PRINT CLEARLY)

**PLEASE NOTE:**

- All Businesses conducting business **within the Town-limits of Severance** need a Business License.
- All Businesses **selling at retail** need a Severance Sales Tax License.
- All Businesses **located in Severance and selling at retail** need a Business License and a Sales Tax License.
- All Home Occupations must also have the Business License & a Sales Tax License (if applicable)

**Please Indicate Application Type:**  
(do not mail cash)

- Business License (\$25)
- Sales Tax License (\$10)
- Both Licenses (\$35)

**Is this business also a registered Home Occupation?**

- YES
- NO

**This Application is for:**

- New
- Renewal
- Out of Business (Date Closed: \_\_\_\_\_)

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Wholesale: \_\_\_\_\_ Retail: \_\_\_\_\_

Name of Owners(s): \_\_\_\_\_

Ownership Type: Individual / Partnership / Corporation / Other (Please Specify) \_\_\_\_\_

Name of Business Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing & Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing & Physical Address of Property Owner(s) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business hours and days of operation: \_\_\_\_\_

Do customers come to your business: \_\_\_\_\_

Date you began business at this location: \_\_\_\_\_

How many businesses do you operate in the Town of Severance: \_\_\_\_\_

State Tax returns filed: Monthly: \_\_\_\_\_ Quarterly: \_\_\_\_\_ Yearly: \_\_\_\_\_ Current: \_\_\_\_\_ yes \_\_\_\_\_ no

State Sales Tax Number: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Names and addresses of partners and/or officers of business for which application is made:**

Name	Address	Phone Number	Percentage of Ownership

I declare, under the penalty of perjury, that statements made herein are made in good faith pursuant to Town/State Tax Laws and Regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*All completed licenses will be sent to you via Email.\*\***

