



APPLICATION FOR ANNUAL BUSINESS LICENSE and/or SALES TAX LICENSE GENERAL INFORMATION

- All businesses operating **within the town limits of Severance** require an Annual Business License (SMC 6-1-20)
- A **\$25 administrative fee** is due at the time of application, which must be paid by check or card. You can pay in person or by phone at 970-686-1218. There is an additional processing fee if you pay by card.
- All businesses **selling at retail** must have a current Severance Sales Tax License.
- All businesses **situated in Severance and selling at retail** need both a current Business License and Sales Tax License.
- **Food trucks and trailers** are required to include a current Health Department License and Fire District Approval with their applications.
- All **Home-Based Businesses (HBB)** must obtain a current Business License and a Sales Tax License (if applicable).
- Please submit to planning@townofseverance.org
- **The approved license will be returned via email.**

APPLICATION TYPE: (Do not mail cash)
<input type="checkbox"/> Business License <input type="checkbox"/> Sales Tax License
APPLICATION IS FOR:
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal Renewal Number:
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS:



BUSINESS INFORMATION:	
Business Name (Registered with the Secretary of State):	
Business D/B/A Name:	
Business Website:	
Business Phone:	Business Email:
Business Address (Location), City, State, Zip:	
Mailing Address (if different):	
Does your business sell (select): <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> N/A, provide services only	
Ownership Type (select): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	
Name of Business Owner(s):	
Name of Business Manager:	Manager's Phone:



PROPERTY INFORMATION:	
Name of Property Owner(s):	Phone:
Mailing Address of Owner(s), City, State, Zip:	
Owner(s) Email Address:	
Business Hours and days of operation:	
Where do vehicles park?	
Do you have exterior storage for equipment, materials, or vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details and location for what is being stored.	
Do customers come to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Many?	Frequency:
Date you began business at this location:	
State Tax Returns Filed (Select): 1. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly 2. Current (select) <input type="checkbox"/> Yes <input type="checkbox"/> No	
State Sales Tax Number:	FEIN:
BUSINESS DIRECTORY (FOR BUSINESS LICENSE ONLY)	
Include website on the Town Website: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you don't have a website, but you still want to be included in the Business Directory on the Town's website, what would you like to include (choose one):	
<input type="checkbox"/> Business email <input type="checkbox"/> Business Phone	
<input type="checkbox"/> Social media link (list just one):	



OATH OF APPLICANT AND SIGNATURE

I, the applicant or authorized signer, affirm that the statements made herein are made in good faith and, to the best of my knowledge and belief, are accurate, correct, and complete.

Signature

Date

Printed Name of Applicant or Authorized Signer

Title

FOR INTERNAL OFFICE USE ONLY

Application Received By

Date

Amount of Fee Paid

Type of Payment: _____
Card Payment Confirmation

Check Number

Planning Director Approval

Date

Finance Department Received

Date