



CITY OF MONTE VISTA
cityofmontevista.colorado.gov

95 1st Ave Monte Vista, CO 81144

Main Phone: (719) 852-2692 ~ Main Fax: (719)852-6167

Complete this form and Mail with check to:
City of Monte Vista
95 West 1st
Monte Vista, CO. 81144

Or email completed form to: uvance@ci.monte-vista.co.us
and call with Credit card payment (719)852-6171

NO LONGER IN BUSINESS	_____
NEW BUSINESS LICENSE	_____
ANNUAL RENEWAL	_____

CITY USE ONLY	
Fee Pd.	_____
Check No.	_____
Approved	_____
License No.	_____
Denied	_____

<p>FEES: Business License Renewal/New - \$25 Vendors & Home Occupations must obtain a home occupation license or a vendor license, in lieu of a business license. Contractors must obtain a contractor's licenses to work within the City of Monte Vista, in lieu of a business license. ALL RETAIL BUSINESS MUST OBTAIN A SALES TAX NUMBER AND SUBMIT WITH APPLICATION</p>

1. BUSINESS CONTACT INFORMATION

Application Date: _____

Name of Business:			
Physical Address:			ZIP:
Local Mailing Address:			ZIP:
Corporate or Main Office Mailing Address:			ZIP:
Business Telephone Number: - -	Business FAX Number: - -	Business Owner or Contact #: - -	Cell Phone Number: - -
Business World Wide Web Address		Business Owner or Contact Email	

2. BUSINESS MANAGER INFORMATION

(List one manager. Additional managers or owners can be attached)

Name:	Mailing Address, City State & ZIP:	Telephone Number

3. BUSINESS INFORMATION

Incorporation? Yes_No_NA__	Partnership? Yes_No_NA__	LLC? Yes_No_NA__	PC? Yes_No_NA	Other Explain	Date of Origin
Organized in What State? (or Country if applicable)			Non-Profit? Yes_No_NA	If Yes to Non-Profit, attach a copy of Non Profit status to this application.	
Colorado Sales Tax #		State Identification #		Federal Identification #	
Attach a list of compliance certificates and/or licenses if business is subject to any federal, state or county registration or licensing. (food service) Must also supply a copy of your Sales Tax License.					
Provide a description of the business activities.					
Hours of operation:					
Provide an explanation of seasonal or temporary business operation hours.					

4. APPLICANT INFORMATION

Name of Person Completing Application:	
Mailing Address of Applicant:	ZIP:
With my signature I am affirming that I am an authorized representative of the business listed above. I understand that the granting of the business license is dependent upon the business abiding by all regulations of the Municipal Code of City of Monte Vista Colorado, and the information stated in the application is to the best of my knowledge, true and correct.	
Signature of Applicant:	Date:

NOTE: This Business License is valid only for the Business Physical Address listed here. In order to maintain a valid business license, a Business Owner is responsible for registering any change in location with the City to ensure compliance with local zoning laws.