

TOWN OF FIRESTONE BUSINESS LICENSE APPLICATION

151 Grant Ave PO Box 100
Firestone, CO 80520
303-833-3291
303-833-4863 Fax

OFFICE USE ONLY	
LICENSE TYPE Business	FEE \$50

PLEASE PRINT

NAME OF BUSINESS		SUBDIVISION BUSINESS IS LOCATED	
BUSINESS ADDRESS		CITY, STATE, ZIP	
MAILING ADDRESS IF DIFFERENT		CITY, STATE, ZIP	
LOCAL BUSINESS PHONE	MAIN OFFICE PHONE	SEND CORRESPONDENCE C/O	
OWNER (President, CEO name if Corporation)		PHONE NUMBER	
OWNER ADDRESS		CITY, STATE, ZIP	
MANAGER NAME		PHONE NUMBER	
MANAGER ADDRESS		CITY, STATE, ZIP	
EMAIL ADDRESS		PLEASE CHECK ONE	
		NEW LICENSE	RENEWAL
TYPE OF OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> NON-PROFIT		NUMBER OF EMPLOYEES AT THIS LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">FULL TIME</div> <div style="border: 1px solid black; padding: 2px;">PART TIME</div> </div>	
TYPE OF SALES/BUSINESS RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> SERVICE <input type="checkbox"/> LEASING <input type="checkbox"/> OTHER <input type="checkbox"/> HOTEL <input type="checkbox"/>			
INSURANCE INFORMATION NAME OF COMPANY		PHONE	
ADDRESS			
I declare, under penalty of perjury, that the statements made herein are, to the best of my knowledge, true and correct.			
SIGNATURE of applicant/Authorized Agent		PRINT NAME	TITLE
		DATE	
TOWN USE ONLY			
TOWN APPROVAL BY:		DATE	
BATCH NUMBER	TRANSACTION NUMBER	LICENSE NUMBER	