

CITY OF CENTRAL

BUSINESS LICENSE APPLICATION

\$25 New License

ANNUAL RENEWAL DUE PRIOR TO JANUARY 1 OF EACH YEAR
THEREAFTER \$10.00 PER YEAR

THIS APPLICATION IS FOR A new license renewal SALES TAX LICENSE NO. (if retail)

NAME OF BUSINESS OWNER

NAME OF BUSINESS (DBA)

STREET ADDRESS OF BUSINESS

BUSINESS PHONE NO. EMAIL ADDRESS

MAILING ADDRESS OF BUSINESS

LOCAL MANAGER (if not owner)

DESCRIPTION OF BUSINESS

THE FOLLOWING INFORMATION WILL HELP THE CENTRAL CITY POLICE DEPARTMENT SERVE YOUR BUSINESS

(complete this section only if the business is located in CENTRAL CITY and notify the City if there are changes during the year)

DAYS & HOURS OF OPERATION

ALARM COMPANY & PHONE NO.

TYPE OF ALARM (check all that apply) fire/medical panic motion audible silent
alarm will notify the alarm company other:

Table with 3 columns: AFTER HOURS CONTACT(S), NAME & POSITION, PHONE NO.

ANY SPECIAL SAFETY NEEDS OR CONCERNS (e.g. guns, chemicals, hazards) - continue on back of form if needed

ACTUAL NUMBER OF PERSONS RESIDING ON PREMISES (IF ANY)

ALL NEW LICENSES OR NEW LOCATIONS MUST HAVE THE FOLLOWING:

\*BUILDING INSPECTION TO OBTAIN A CERTIFICATE OF OCCUPANCY
(CALL CITY HALL - 303-582-5251 x200 LEAVE A MESSAGE TO SET UP INSPECTION)

\*FIRE INSPECTION
(CALL 303-582-3473 TO SET UP INSPECTION)

\*ALL FOOD SERVICE ESTABLISHMENTS MUST HAVE A RETAIL FOOD LICENSE FROM COLORADO DEPT. OF PUBLIC
HEALTH AND ENVIRONMENT - PLEASE ATTACH A COPY OF YOUR LICENSE (RENEWED ANNUALLY)

ALL PAPERWORK OBTAINED FOR THE ABOVE (\*) MUST BE ATTACHED TO THIS APPLICATION

I affirm that the information contained in this application is true and accurate.

Signature of Applicant Date

(Please make checks payable to the City of Central, Box 249 Central City, CO 80427)

THIS SECTION TO BE COMPLETED BY CITY PERSONNEL

DATE APPLICATION AND FEE RECEIVED

APPROVED DENIED CITY CLERK:

## LAWFUL PRESENCE AFFIDAVIT

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

I am a United States citizen, or

I am a legal Permanent Resident of the United States, or

I am otherwise lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Per HB 06S-1023, you must provide a copy of one of the following IDs.

- ✓ Colorado Driver's License
- ✓ Colorado ID card
- ✓ Military IDs
- ✓ Coast Guard mariner document
- ✓ Native American tribal document