



Mail completed application and payment to:
TOWN OF FOXFIELD
P.O. Box 461450
Foxfield, CO 80046

BUSINESS LICENSE APPLICATION RENEWAL

Renewal Fee is \$35.00, due by January 31 each year.

Complete the highlighted items and any other information that has changed in the past year.

Type of Ownership Sole Proprietor Partnership Corporation LLC Other _____

Business Name _____

Trade Name (DBA) _____

Physical Address _____ **Foxfield CO 80016**
Street

Mailing Address _____
Street City State ZIP

Business Phone Number _____ Fax Number _____

Contact Person _____
Name Address City State ZIP Phone

First Day of Business in Foxfield _____ No. of employees: Full-time _____ Part-time _____

Website Address _____ **E-mail Address** _____

Type of Business _____

Product or Service Provided (be specific) _____

State of Colorado Sales Tax License No. _____ FEIN (or SS #) _____

I declare, under penalty of perjury, that this application has been examined by me and statements made herein are made in good faith pursuant to the State of Colorado and the Town of Foxfield laws and regulations, and to the best of my knowledge and belief, are true, correct and complete.

Signed _____ **Title** _____
Person who is legally responsible for the business (owner, partner, officer, etc.)

Printed Name _____ **Date** _____