



APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: _____

BUSINESS OWNER: _____

TYPE OF BUSINESS: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____

EMAIL: _____

STATE SALES TAX NUMBER: _____

SIGNATURE

DATE _____

PLEASE REMIT WITH CHECK FOR \$25.00 PAYABLE TO :
THE TOWN OF ALMA
PO BOX 1050
ALMA COLORADO 80420

OFFICE USE ONLY

LICENSE NUMBER: _____

EFFECTIVE DATE: _____