



TOWN OF DILLON

275 Lake Dillon Drive/ PO Box 8
 Dillon, CO 80435-0008
 (970) 468-2403

APPLICATION FOR BUSINESS LICENSE - \$60.00

NAME OF BUSINESS: _____

DBA: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

MANAGER NAME _____

OWNER'S NAME: _____

of EMPLOYEES (including owner): _____ HOURS OF OPERATION: _____

PHONE NO: _____ FAX NO: _____

E-MAIL: _____ WEB ADDRESS: _____

SALES TAX NO: _____ FEDERAL ID#: _____ STATE ID#: _____

DATE YOU BEGAN DOING BUSINESS AT THIS LOCATION: _____

IN TOWN: _____

Renewal of the business license shall be made at the beginning of each calendar year. Non-payment may result in a fine and/or filing of a lien, to be collected by the Summit County Treasurer.

Application is hereby made for a license to do business during the current calendar year, within the Town of Dillon, Colorado, as defined by applicable ordinances. The applicant, or authorized agent executing this application, states under penalties of perjury, that the above information is true and correct to the best of his/her knowledge, information and belief.

BY: _____ DATE: _____

FOR OFFICE USE ONLY:

Date Paid	Receipt Number	Date Entered	Town Clerk
License Number	Police Dept.	Planning Dept.	Finance/Sales Tax
Account #:	Date Website Updated	Basic _____ Expanded _____ None _____	

AFTER HOURS EMERGENCY CONTACT INFORMATION



Please provide current contact information to help the Dillon Police Department protect your property in the event of an after-hours emergency at your business. All emergency information is confidential. If you have questions, call (970) 468-6078.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____