



Town of Bayfield
1199 Hwy 160 B
P O Box 80
Bayfield, CO 81122

BUSINESS LICENSE APPLICATION

*BUSINESS NAME: _____

DBA _____ CORP. _____ SOLE PROP. _____ LLC _____ PARTNSP _____ OTHER _____

*PHYSICAL ADDRESS: _____ CITY: _____ ST: _____

*MAILING ADDRESS: _____ ATTN: _____

CITY _____ STATE _____ ZIP _____

*TELEPHONE NUMBER: _____ FAX NUMBER _____

WEB SITE: _____ NUMBER EMPLOYEES: _____
(INCLUDING OWNER)

*OWNER: _____ * PHONE: _____

EMAIL ADDRESS: _____

MANAGER: _____ PHONE: _____

EMAIL ADDRESS: _____

*BUSINESS CLASSIFICATION: _____ *BUSINESS ACTIVITY: _____
(RETAIL / SERV. / MANUFACT / NON-PROFIT) (DESCRIP: REST./FITNESS CENTER, ETC.)

*SALES TAX ID: _____ *FEDERAL ID: _____

*EMERGENCY NAME: _____ PHONE: _____

*EMERGENCY NAME: _____ PHONE: _____

***AFFIDAVIT OF LAWFUL PRESENCE**

The undersigned, as an applicant for a Business License from the Town of Bayfield, Colorado hereby affirms and states, under oath, that they are a United States citizen, legal permanent resident or they are otherwise lawfully present in the United States pursuant to state and federal law.

Date: * _____ Signature of Applicant: * _____

FOR OFFICE USE ONLY

DATE PAID: _____ AMOUNT PAID _____ LIC NUMBER ISSUED _____

NEED LIQ.LIC. _____ STATE CODE: _____

FIRE INSPECTION _____ DATE: _____