

P.O. Box 159, 151 S. Banner St.  
Elizabeth, CO 80107



Phone: 303-646-4166  
Fax: 303-646-9434

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NEW BUSINESS LICENSE APPLICATION: 2023-2024

A separate application must be filed for each business location in Elizabeth. This registration is non-transferable if ownership changes. Registrations are valid from the date of issuance through April 30th of every calendar year. **Complete ENTIRE Application. (Failure to do so may result in a delay in issuing your license.)** Please type or print legibly.

**Please include floorplans for any proposed changes to the property with this application.**

Fee for each license is: \$10.00

Total Enclosed: \$ \_\_\_\_\_

**Business Information**

Trade Name "Doing Business As": \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

**Business Owner Information**

Business Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Corp. LLC, Partnership or other applicable: \_\_\_\_\_

**Business Located in a:** Commercial/Retail Complex / Residence / Solitary Building /

Not located in Town limits

Nature of Business: (Check Any That Apply)

☐ Financial/Leasing    ☐ Hotel/Motel    ☐ Construction    ☐ Utility - Other

☐ Manufacturing    ☐ Nightclub/Bar    ☐ Restaurant\*    ☐ Wholesale

☐ Retail - Liquor    ☐ Retail - Grocery\*    ☐ Retail - Other    ☐ Recreation/Sporting

☐ Service    ☐ Office    ☐ Medical    ☐ Direct Sales

☐ Mail Order/Internet Sales    ☐ Communications/Telecom    ☐ Other \_\_\_\_\_

☐ # Employees    ☐ Walk-in Customers per day (Home businesses)

\_\_\_\_\_ Retail Food License - Provide a copy of your food license

Contractor State License # \_\_\_\_\_ State License # \_\_\_\_\_

**Detailed description of your business (sell/lease)** \_\_\_\_\_

**Tax Information**

Tax Exempt/Non-Profit Organization: \_\_\_\_\_

Federal ID: \_\_\_\_\_ Co. Sales Tax #/Tax Exempt #: \_\_\_\_\_

Filing Frequency Tax Returns: \_\_Monthly \_\_Quarterly \_\_Annually

**Property Owner Information**

Property Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact Information**

**Primary**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Secondary**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is there an alarm system on the premises? \_\_\_\_\_

Name of Alarm Company: \_\_\_\_\_

Alarm Company Phone#: \_\_\_\_\_

**New License Information**

Have you met with applicable Town staff regarding your business? \_\_\_\_\_

Did you purchase an existing business? \_\_\_\_\_

Have you made or plan to make any changes to the structure or interior? \_\_\_\_\_

What is the square footage of space used for the business? \_\_\_\_\_

Are you installing any additional or new signage? \_\_\_\_\_

Have you received your sign permit? \_\_\_\_\_

Does your business generate garbage or waste with any of the following characteristics? \_\_\_\_\_

Liquid or vapor having a temperature higher than 150°.

Gasoline, benzene, naphtha, fuel oil or other flammable or explosive liquid, solid or gas.

Garbage that has not been properly shredded, meaning the wastes from the preparation, cooking and dispensing of food that have not been shredded to such a degree that all particles will be carried freely under the flow conditions normally prevailing in public sewers.

Ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, paunch manure, grit, brick, cement, onyx, or carbide.

Water or waste containing a toxic or poisonous substance in sufficient quantities.

If yes to any of the above, does your business have a grease, sand or oil separator? \_\_\_\_\_

Date of last inspection? \_\_\_\_\_

Does the business have an appropriate water backflow prevention device? \_\_\_\_\_

What is the zoning of your property? \_\_\_\_\_

Has there been a change in use for your business? \_\_\_\_\_

If yes, have you completed the site plan requirements? \_\_\_\_\_

Will you be dispensing medical marijuana? \_\_\_\_\_

Will you be serving or selling liquor? \_\_\_\_\_

Will you be providing any sexually oriented services or products? \_\_\_\_\_

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

**Please Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

This application, accompanied by the proper fees should be returned to:

Town of Elizabeth, PO Box 159, 151 Banner St., Elizabeth, CO 80107

**OFFICE USE ONLY (New Licenses Only)**

Planning Dept. \_\_\_\_\_ Building Dept. \_\_\_\_\_ Public Works Dept. \_\_\_\_\_

Fire Dept. \_\_\_\_\_ Police Dept. \_\_\_\_\_ Elbert County Environmental Health \_\_\_\_\_ (Food)