



TOWN OF LA VETA
BUSINESS LICENSE APPLICATION

1. Trade Name (DBA): _____
2. Location of Business: _____
3. Mailing Address: _____
4. Phone#: _____ Fax #: _____
5. E-mail Address: _____
6. Owner Name: _____
7. Owner Address: _____
8. State Sales Tax ID: _____
9. What is the main operation of the business? _____
10. Is this a home-based business? ☐ Yes ☐ No
11. Type of Business: ☐ Retail ☐ Manufacturing ☐ Service ☐ Wholesale Trade
☐ Other (please describe) _____
12. What is the Zoning for this Business Location? _____
13. Number of Full Time Employees: _____ Part Time Employees _____

****Attach a copy of State Sales Tax License and, if applicable, a Public Health Inspection for kitchen****

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

Signature of Applicant: _____ **Date:** _____
Title: _____

The Town of La Veta Business License Fee is \$25.00 per year. Make check payable to "Town of La Veta." This is an annual fee payable and due at the beginning of each year and must be renewed no later than January 15. License expires on December 31 of each year.

Please mail completed application to:
Town of La Veta P.O. Box 174, La Veta, CO 81055-0174
or deliver to:
209 South Main Street, La Veta, CO

FOR OFFICE USE ONLY

License #: _____

Date Issued: _____