

# Application for Retail Business License



Businesses having a fixed physical presence in the Town of Granby that collect sales tax must register and receive a Town of Granby Retail Business License. Any such business must first obtain a sales tax license from the State of Colorado Department of Revenue (unless specifically exempted from licensing requirements).

The fee application fee is \$25.00 for new businesses opening, or changes of ownership, January-July. If applying after July 1<sup>st</sup> the fee is \$12.50. All licenses issued expire on the 31<sup>s</sup> of December each year, and it is the duty of each licensee to obtain a renewal on or before January 1<sup>st</sup> of each year. Renewal fees are \$25 for the calendar year.

Once a license is issued, it shall be posted in a conspicuous place at the business location.

Applications and payments can be submitted three ways:

**In-Person:** Town Hall, Zero Jasper Street, Jenné Vargas

**Online:** <https://www.townofgranby.com/onlinepayments>

+ Email: [jvargas@townofgranby.com](mailto:jvargas@townofgranby.com)

**USPS:** Town Hall, Jenné Vargas, PO Box 440, Granby, CO 80446-0440

Staff Use Only
<b>Date Application Submit:</b> _____
<b>Fee Paid:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Receipt # _____
<b>Permit #:</b> _____
<b>Date Permit Issued/Expires:</b> _____
<b>Permit Delivery:</b> <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> In Person Pick-up

Applicant Information	
Name of Owner(s):	
Owner(s) Physical Address:	
City, State, Zip:	
Mailing Address (if different than physical address):	
City, State, Zip:	
Owner(s) Phone Number:	Owner(s) Email:
Name of Manager (if different than owners):	Manager's Phone:

<b>Business Information</b>		
<b>Name of Business (include DBA if applicable):</b>		
<b>Physical Address:</b>		
<b>City, State, Zip:</b> Granby, CO 80446		
<b>Business Phone Number:</b>	<b>Business Email:</b>	<b>Business Website:</b>
<b>Type of Business:</b> <input type="checkbox"/> Store Front <input type="checkbox"/> Home Based <input type="checkbox"/> E-Commerce		
<b>What is Sold?</b>		<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale
<b>Start Date of Business:</b>	<b>New Business or Change of Ownership?</b>	<b>Name of Previous Owner (if change of ownership):</b>
<b>Seasonal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If seasonal, which months will business operate?</b> <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
<b>Colorado State Sales Tax License Number:</b> <i>(a copy must be included with the application)</i>		
<b>Filing Frequency with State of Colorado:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly		
<b>If more than one business, will you file:</b> <input type="checkbox"/> Tax Return for Each Year <input type="checkbox"/> Consolidated Returns for Each Year		
<b>Type of Ownership:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> 501(c)3 <input type="checkbox"/> Other		
<b>If Organized – Federal Identification Number (FEIN):</b>		
<b>If Sole Proprietor, Social Security Number (SSN):</b>		
<b>If General Partnership, both your and their Social Security Numbers (SSN):</b>		
<b>Application Checklist</b>		
<input type="checkbox"/> Completed and signed application form <input type="checkbox"/> Copy of Colorado State Sales Tax License <input type="checkbox"/> If selling cottage foods, copy of food safety training <input type="checkbox"/> \$25 annual fee		

## Applicant Signature

Applicant certifies that all information provided is true and accurate and is submitted to induce the issuance of a mobile vendor permit. Applicant agrees to be bound by all the provision of the Town of Granby mobile vendor ordinance, to complete all work in accordance with applicable Federal, State and Local laws. Applicant hereby acknowledges that this application must be renewed each year.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Approved By:

\_\_\_\_\_  
Town Treasurer

\_\_\_\_\_  
Date