



Town of New Castle
 PO Box 90
 450 West Main Street
 New Castle, CO 81647
 970-984-2311
 Fax: 970-984-2716

www.newcastlecolorado.org

BUSINESS LICENSE APPLICATION

Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New License	Application fee: \$0.00
Business Name:	Date:
Physical Address:	
Mailing Address:	
Phone Number:	Fax Number:
E-Mail Address:	Web Site Address:
Owner's Name:	
Home Address:	Home Phone:
Contact Person's Name (If different):	
Emergency Contact Information:	

Do you have legal possession of the premises through ownership, lease or other arrangement, through December 31 of the current year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Ownership		
<input type="checkbox"/> Lease – Please provide letter of Approval from Landlord		
<input type="checkbox"/> Other (explain in detail)		

Applicant is:

<input type="checkbox"/> Individual (attach Lawful Presence Affidavit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Liability Company	

Date Business Started at This Location:	# of Employees:
Nature of the Business:	Sales Tax Number:
Is your business required to be state or federally licensed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your state or federal license current?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*** If the State of Colorado requires your business to possess a state license, please provide a copy of that license with this application ***

I understand that sales tax in the amount of 8.2% (2.9% State; 1.0% County; 3.5% Town of New Castle; .8% RFTA) is to be collected on all applicable sales. _____ (Initials)

OATH OF APPLICANT

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Revised Statutes and the New Castle Municipal Code which affect my license.

Signature _____ Date _____