



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](http://www.newcastlecolorado.org)

SPECIAL EVENT BUSINESS LICENSE APPLICATION				
FEE: \$5.00 per Event				
Business Name:				
Physical Address:				
Mailing Address:				
Phone Number:		Fax Number:		
E-Mail Address:		Web Site Address:		
Special Event:				
Date(s) of Event	From:	To:		
Do you have permission from the organizer of this special event to participate in this special event?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Copy of permit attached				
Applicant is:				
<input type="checkbox"/> Individual (attach Lawful Presence Affidavit)				
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Other _____		
Nature of the Business:				
Sales Tax Number:				
<b>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.</b>				
_____ (Initials)				
Owner's Name:		Home Phone:		
Home Address:				
Contact Person's Name (If different):				

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*If you are participating in more than four events in Town, please apply for a regular business license form and save \$5.00\*