



**TOWN OF MOFFAT | EST. 1911**

**Accelerator Dispensary License Application**

*Misrepresentation of any statement on the application voids an issued business license immediately.  
New License requires a copy of Colorado State Sales Tax License.*

This Application is for a:  New License  Renewal License | Annual License Fee: \$ \_\_\_\_\_

State Sales Tax License Number: \_\_\_\_\_ Federal ID (if applicable): \_\_\_\_\_

Type of Business Ownership:  Sole proprietor  
 Partnership (not husband and wife)  
 Corporation  
 Limited Liability Company

Name of Business Entity (Corporation, LLC, etc.): \_\_\_\_\_

Name of Business (DBA): \_\_\_\_\_

Description of Business: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business (if different): \_\_\_\_\_

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

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

Name of Business Owner/President/Member: \_\_\_\_\_

Address of Business Owner: \_\_\_\_\_

Local Manager Name & Phone Number (if not owner): \_\_\_\_\_

After-hours Emergency Contact Name: \_\_\_\_\_

After-hours Emergency Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name

**OFFICE USE ONLY:** Date: \_\_\_\_\_ Total Fee Paid \$ \_\_\_\_\_  
License No. \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Clerk's Signature: \_\_\_\_\_