



# Town of Moffat Business License Application – New and Renewal

P.O. Box 353  
Moffat, CO 81143  
[Clerk@moffatcolorado.com](mailto:Clerk@moffatcolorado.com)  
[townofmoffat.colorado.gov](http://townofmoffat.colorado.gov)

This application must be submitted Annually and must be accompanied with the licensing fee of \$50, plus the Lawful Presence Affidavit if not already on file (Sole Proprietor only). New businesses must have the license before opening. The business license must be posted in plain view at the business when received.

Type of Business:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> LLC         |
| <input type="checkbox"/> Other _____     |                                      |

Please check one:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Professional Services                      | <input type="checkbox"/> Non-Profit  |
| <input type="checkbox"/> Vendor Contractor, Building General or Sub | <input type="checkbox"/> Restaurant  |
| <input type="checkbox"/> Lodging                                    | <input type="checkbox"/> Wholesaler  |
| <input type="checkbox"/> Retail                                     | <input type="checkbox"/> Other _____ |

Taxpayer Name (Owner, Partners or Corporate Name): \_\_\_\_\_

Trade Name (Doing Business As): \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_

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

Type of Business to be Conducted: \_\_\_\_\_

*I swear or affirm that this application has been examined by me, that the statements made herein are made in good faith pursuant to the laws and regulations of the State of Colorado and the Town of Moffat, and to the best of my knowledge and belief are true, correct and complete.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Must be person legally responsible for business-Owner, partner, officer, etc.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_