



Application for Business License

Date of Application: _____ Sales Tax # _____
Applicant(s) Name: _____ Phone # _____
Business Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Type of Business To Be Conducted: _____

Applicant states and affirms that Applicant has no outstanding legal or monetary obligation to the City of Cripple Creek. Applicant, by signing below, hereby agrees to abide by all Federal, State, County and/or Local rules and regulations concerning zoning and/or the operations of the business, including but not limited to any and all of the above-mentioned statutes, rules, regulations and/or ordinances. The Applicant hereby swears and affirms upon penalty of perjury that the information and belief of the Applicant, after reasonable inquiry. In the event any of the information herein contained is false or misleading, the Business License Application may be denied and/or any Business License issued may be revoked.

Applicant(s) Signature(s)

For Office Use Only

Type of License: _____ Fee: \$ _____
Receipt Number: _____ Date Paid: _____
Zoning at Physical Location of Business: _____
CUP Approval Date: _____ Comments: _____

Action of City Council

Date Submitted to City Council: _____
Approved by City Council: _____ Denied by City Council: _____

Signature of City Clerk

License Number Issued: _____

Attachment to Business License Applications

Business License Review Sheet

Applicant: _____ Business Name: _____

Location of Business in Cripple Creek: _____

Planning & Zoning Department:

Date Received _____ Date Passed On _____

Comment: _____

Building & Code Enforcement Department:

Date Received _____ Date Passed On _____

Comment: _____

Public Works Department:

Date Received _____ Date Passed On _____

Comment: _____

Police Department:

Date Received _____ Date Passed On _____

Comment: _____

Fire Department:

Date Received _____ Date Passed On _____

Comment: _____

City Clerk:

Date Received _____ Completed On _____

Comment: _____

LAWFUL PRESENCE AFFIDAVIT
*(this form only needs to be filled out by applicants
who are applying as a sole proprietor)*

I, _____ swear or affirm under penalty of perjury
under the laws of the State of Colorado that (check one):

____ I am a United States citizen, or

____ I am a legal Permanent Resident of the United States, or

____ I am otherwise lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Per HB 06S-1023, you must provide a copy of one of the following IDs.

- ✓ Colorado Driver's License
- ✓ Colorado ID card
- ✓ Military IDs
- ✓ Coast Guard mariner document
- ✓ Native American tribal document