



Town of New Castle
 450 W. Main Street
 PO Box 90
 New Castle, CO 81647

Administration Department
 Phone: (970) 984-2311
 Fax: (970) 984-2716
www.newcastlecolorado.org

**BUSINESS LICENSE APPLICATION
 FEE \$25.00**

Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New License	
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 ___No	
<input type="checkbox"/> Ownership	
<input type="checkbox"/> Lease - Please provide letter of Approval from Landlord	
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	
Date Business Started at This Location:	# of Employees:
Nature of the Business:	Sales Tax Number Please Provide Copy:
Is your business required to be state or federally licensed? Please Provide Copy ___Yes ___No	
Is your state or federal license current? ___Yes ___No	

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)

Contractors MUST provide proof of General Liability and Workers Compensation Insurance.

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 _____