

Post Office Box 4100
 Frisco, CO 80443
 PHONE (970) 668-5276
 FAX (970) 668-0677

FOR INTERNAL USE ONLY	
FEES (AMOUNT/DATE)	
ACCOUNT NUMBER	
FINANCE APPROVAL	
BUILDING APPROVAL	
BUILDING PERMIT #	
PLANNING APPROVAL	
FORWARDED TO LDFD, FRISCO SAN, PW	
If denied, suspended, or revoked, attach reason for action	



APPLICATION FOR BUSINESS LICENSE

The Town of Frisco welcomes you to its business community and thanks you for your cooperation in fully completing this application, which provides us with necessary information regarding business activity in Town of Frisco.

Please Complete in Full

1. Legal Name of Business/Doing Business As (If different): _____
2. Physical Address of Business: _____
3. Mailing Address of Business: _____
4. Business Telephone: _____ Fax Number: _____
5. E-Mail Address: _____ Website Address: _____
6. Describe in detail the nature of your business or service. Submit written approval from the Summit County Environmental Health Department if your business handles or sells any food items.

7. Name and Address of Owners: (List all Officers/Directors – use an additional sheet if necessary):

8. List any compliance certificates your business is subject to including federal, state or other local agency registration and/or licensing requirements: _____
9. List any municipalities where your business is licensed other than Frisco: _____

10. List any municipalities where your business license has been denied, revoked or suspended, including circumstances: _____
11. State Sales Tax Number: _____

Requested Local Filing Frequency: _____ Monthly _____ Quarterly _____ Annually

12. Are you submitting this application as a sole proprietor? _____
 State law requires proof of lawful presence in the United States prior to receipt of public benefit if you have submitted this application as a **sole proprietorship**. Please request a Lawful Presence Affidavit and provide proof of identification with your affidavit. .

PLEASE CONTINUE TO SECOND PAGE

