

Date Rec'd: \_\_\_\_\_

License No. \_\_\_\_\_

**TOWN OF AULT**  
201 FIRST STREET/P.O. BOX 1098  
AULT CO 80610  
Office) 970-834-2844 Fax) 970-834-2199

**APPLICATION BUSINESS LICENSE**

(\$10.00 fee required)

If, after such notice, a business has failed to register within thirty days, it shall be in violation of Ordinance 468 and may be cited and fined in the amount of \$10.00 for each month or portion of a month thereafter until registration is completed.

**Please print or type clearly and fill out completely**

**Owner Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_  
City State Zip

**Type of Ownership: (Check one)**

- Individual    Partnership    Corporation    Association    LLC  
 Other \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_

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

**Business Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Emergency Number:** \_\_\_\_\_

**Type of Business:**      Retail    Wholesale    Service

**Date Business Began or Purchased:** \_\_\_\_\_

**Product Sold/Service Provided:** \_\_\_\_\_

**Hours of Operation: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Number of Vehicles on premises daily:** \_\_\_\_\_ **Type of Vehicles:** \_\_\_\_\_

**Streets, Avenues, Highways traveled:** \_\_\_\_\_

**Are Hazardous materials stored on property?**  Yes  No **If yes, what type and how are they stored?** \_\_\_\_\_

If more space is needed, please continue on the back of this application.

"I declare the information provided in this application is true and complete to the best of my knowledge."

\_\_\_\_\_  
Applicant's or Agent's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date