

Fee \$ 25.00

FOR OFFICE USE ONLY

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

Amount Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Town of Nunn**

**P.O. Box 171**

**Nunn CO 80648**

**2023 BUSINESS LICENSE APPLICATION**

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal Application

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

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

Business Telephone Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\_\_\_\_\_  
Name of Owner: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Manager: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Type of Business: \_\_\_\_\_

Home Occupation: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Contact Person in Case of Emergency: \_\_\_\_\_

\_\_\_\_\_  
Name

Address

Phone

\_\_\_\_\_  
State Sales Tax Number: \_\_\_\_\_

State Electrical Number (if applicable) \_\_\_\_\_

State Plumbing Number (if applicable) \_\_\_\_\_

Would you like to be included in the Town's Business Directory? Yes \_\_\_\_\_ No \_\_\_\_\_