PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS
LICENSE APPLICATION

TOWN OF GRAND LAKE, COLORADO
P.O. Box 99
Grand Lake, Co 80447
Ph. (970) 627-3435/ FAX (970) 627-9290

1. Indicate in proper space below the type of ownership:

☐	☐	☐	☐	☐
Individual	Co-Partnership or Company	Corporation	Association or Club	Other

2. What do you sell? _____ Wholesale ☐ Retail ☐

3. License to be issued in the name(s) of:

_____
Full Legal Name of Corporation, Owner/Applicant

4. Trade name: _____

5. Business address: _____
Street Address City County State Zip Code

6. Home Address _____ Phone _____

7. Date of sales in Grand Lake: From _____To_____

8. If you have more than one place of business are you filing:

A tax return for each location ☐ A consolidated return for all locations ☐

9. Indicate how you file your returns with the State:

Monthly ☐ Quarterly ☐ Yearly ☐

10. State Sales Tax # _____ (**Submit copy of license with completed application**)

11. Attached is remittance in the sum of Fifteen Dollars ($15.00) in payment of license.
(Fee is $15.00 for 3 consecutive days. File 5 days prior to date upon which applicant desires to do business.)

I declare, under the penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith pursuant to Colorado Tax laws and regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant _____ Title _____Date_____

(For Office Use)

Date Licensed Issued _____ By _____