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:						
		artnership Cor ompany	poration	Association or Club	Other		
2.	What do you sell?			Wholesale	Retail		
3.	License to be issued in	the name(s) of:					
	F	Full Legal Name of	Corporation, O	wner/Applicant			
4.	Trade name:						
5.	Business address:						
	S	treet Address	City	County	State	Zip Code	
6.	Home Address Phone						
7.	7. Date of sales in Grand Lake: From			То			
8. If you have more than one place of business are you filing:							
	A tax return for eac	h location	A consoli	dated return for all	locations		
9.	Indicate how you file your returns with the State:						
	Monthly	Quarterly Y	Yearly				
10	. State Sales Tax #		_ (Submit cop	y of license with co	mpleted applic	eation)	
11	. Attached is remittance: (Fee is \$15.00 for 3 cordo business.)					esires to	
	I declare, under the pen statements made herein and, to the best of my k	are made in good	d faith pursuan	t to Colorado Tax	laws and regu		
Signature of Applicant				_ Title	Date_		
		(F	or Office Use				
Da	ate Licensed Issued		Rv				