



Mail completed application and payment to:  
TOWN OF FOXFIELD  
P.O. Box 461450  
Foxfield, CO 80046

## BUSINESS LICENSE APPLICATION RENEWAL

Renewal Fee is \$35.00, due by January 31 each year.

Complete the highlighted items and any other information that has changed in the past year.

Type of Ownership    Sole Proprietor    Partnership    Corporation    LLC    Other \_\_\_\_\_

Business Name \_\_\_\_\_

Trade Name (DBA) \_\_\_\_\_

Physical Address \_\_\_\_\_ Foxfield CO 80016  
Street

Mailing Address \_\_\_\_\_  
Street City State ZIP

Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_  
Name Address City State ZIP Phone

First Day of Business in Foxfield \_\_\_\_\_ No. of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Website Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

Product or Service Provided (be specific) \_\_\_\_\_

State of Colorado Sales Tax License No. \_\_\_\_\_ FEIN (or SS #) \_\_\_\_\_

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

Signed \_\_\_\_\_ Title \_\_\_\_\_  
Person who is legally responsible for the business (owner, partner, officer, etc.)

Printed Name \_\_\_\_\_ Date \_\_\_\_\_