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911 Gothic Rd / POB 5800
Crested Butte, CO 81225

APPLICATION FOR BUSINESS AND OCCUPATIONAL LICENSE 2022

Company Name: _____

Physical Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Company Phone Number: _____ Company Email: _____

Owner/Contact Name: _____ Emergency Contact: _____

Emergency Contact Phone: _____ Emergency Contact Email: _____

I have an alarm company YES___ NO___

- If yes, the alarm company name and contact information is: _____

Do you have, or will you be obtaining, a 2022 Business License from the Town of Crested Butte, in addition to this license? YES___ NO___

- If yes, once the \$100 fee is paid to either the Town of Mt. Crested Butte or the Town of Crested Butte, an additional business license can be obtained from the other town for an administrative cost of \$25. These must be paid to each town separately.

Payment Enclosed (check one): \$100___ \$25___

Peddler Vendor \$5 per day maximum 10 days in a calendar year: \$_____

Please make checks payable to: Town of Mt. Crested Butte

Send to: PO Box 5800, Mt. Crested Butte, CO 81225

Date due: January 1, 2022

COLORADO STATE SALES TAX #: _____

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Affidavit of Compliance: I hereby swear that the foregoing information is true and correct to the best of my knowledge.

Signature of Applicant

Date