



Business License Application

Business Name for License: _____

(Name to appear on license)

Standard Business License Special Event Business License

Type of Ownership: _____

State Exempt #
(non-profit only) _____

Name of
Ownership: _____

Business Location: _____

Commercial Establishment Private Residence Outside Fraser

Business Phone Number: _____

Mailing Address: _____

Contact Person: _____

Title: _____

Phone Number: _____

Email: _____

Federal Employer Identification Number (FEIN): _____

Colorado State Sales Tax Number: _____

or Date Applied For: _____

Description of Business Services: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

For Office Use:

Date Received: _____

Check # _____

Amount _____

INCLUDE A CHECK PAYABLE TO TOWN OF FRASER: STANDARD RATE: \$40 -
SPECIAL EVENT: \$20 - CITY SALES TAX LICENSE INCLUDED:

Mail to: Town of Fraser- P.O. Box 370- Fraser, CO 80442 <http://frasercolorado.com/>