



Town of Johnstown

APPLICATION FOR BUSINESS LICENSE

Annual Application Fee \$50.00

Type of Application: New Renewal

FOR TOWN USE ONLY

ISSUE DATE:

ACCOUNT NO.

Business Name: _____
(Name of Corporation, Partnership, Association or Individual)

Type of Ownership: _____ *Individual _____ Corporation
 _____ * Sole Member LLC _____ Association
 _____ * Single-Shareholder Corp. _____ Partnership
 _____ Other _____ Limited Liability Company

***NOTE:** Any business in the column with an * above must sign and submit an "Affidavit of Lawful Presence" as attached. When completing the Affidavit also include a proper form of identification as listed below.

Business Owner: _____

Business Location: _____

Mailing Address: _____

E-mail Address: _____

Telephone Number: _____ Colorado Sales Tax Number: _____

Emergency Contact: _____

Product (s) or Service(s): _____

1. Is this a Home-Based Business YES NO

2. Is this a new business to Johnstown: YES NO

3. Number of employees: _____

The Community That Cares

johnstown.colorado.gov

P: 970.587.4664 | 450 S. Parish Ave, Johnstown CO 80534 | F: 970.587.0141

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

Applicant/Agent Signature

Date

Applicant/Agent Printed Name

PLEASE NOTE: Every person shall obtain a license from the Town before operating, conducting or carrying on any retail trade, profession or business within the Town which is responsible for collecting Town sales taxes. The State of Colorado collects Sales Tax for the Town of Johnstown. When reporting your Sales Tax to the State, include Johnstown’s portion and the State will forward payment to the Town.

Town Clerk Approval

Date

Planning Department

Date

AFFIDAVIT OF LAWFUL PRESENCE

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a United States Citizen; or

_____ I am a Permanent Resident of the United States; or

_____ I am lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under C.R.S. § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Per HB 06S-1023, you *must* provide a copy of one of the following IDs with this Affidavit.

- Colorado Driver's License
- Colorado ID card
- Military IDs
- Coast Guard mariner document
- Native American tribal document

The Community That Cares
johnstown.colorado.gov

P: 970.587.4664 | 450 S. Parish Ave, Johnstown CO 80534 | F: 970.587.0141