



Town of Johnstown

APPLICATION FOR BUSINESS LICENSE

Annual Application Fee \$50.00

Incomplete applications will not be accepted or processed.

Checklist - make sure all items are included before turning in your application:

- Certificate of Good Standing
- Notarized affidavit (attached)
- Fee
- Application completely filled in

Type of Application: New Renewal

Business Information

Business Name:

(Name of Corporation, Partnership, Association or Individual)

Doing Business As (DBA):

Physical Address:

City: State: Zip Code:

Mailing Address:

Business phone number:

Business Email address:

Type of Ownership:

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

Business Owner Information

Business Owner:

Phone Number:

Email Address:

Local Contact Information

On-site Contact/Manager Name:

Phone:

Email:

The Community That Cares

johnstown.colorado.gov

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

Type of Product (s) or Service(s) offered:

- 1. Is this a home-based business? Yes No
 - a) Does the business require parking on neighboring streets? Yes No
 - b) If so will more than one car will be parked at the location at time? Yes No
 - c) Is the business service (ie hair salon) or product based (ie Mary Kay)?
- 2. Is this business new to Johnstown? Yes No
- 3. Number of employees:
- 4. Colorado Sales Tax Number:
- 5. Name of Business filing Colorado Sales Tax:

New License Information

(if you are **renewing** and not moving locations please skip questions 5-12)

- 5. Did you purchase an existing business?
 - a) If yes, is the new business zoned the same as the previous?
- 6. Have you made or plan to make changes to the structure or interior?
- 7. Are you installing any additional or new signage?
- 8. Have you received your sign permit?
- 9. What is the zoning of your property?
Not sure of your zone? Call Planning to find out! 970-587-4664
- 10. Will you be serving or selling liquor?
- 11. Will you be providing adequate parking or on street parking?
- 12. A Fire Permit may be needed from the local fire department: frfr.colorado.gov or lfra.org
(provide proof of permit if needed)

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 Johnstown 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

Office Use (New Licenses Only)	
Planning Dept.	Building Dept.
Economic Dev.	Town Clerk.
Finance	Fire Dept.

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.

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

State of Colorado
County of _____

Signed and sworn to (or affirmed) before me on _____, by
_____.

SEAL

Notary Signature
My commission expires: _____