



**Town of La Jara
Application**

Business License

*Please complete all parts of the form.
P.O Box 273 | 221 Broadway, La Jara, CO 81140
Phone (719) 274-5363 -Fax (719) 274-5986*

Name of Business: _____

Name of Business Owner: _____

Nature of Business: _____

Business Address: _____

City

State

Zip

Business Phone No: () _____

Mailing Address: _____

City

State

Zip

Do you own or rent the space: _____

If you rent, who do you rent from: _____
(Please provide name of landlord/building owner)

Emergency Contact Name: _____
(For the business)

Telephone Number: _____ Cell Number: _____

Fax Number: _____

E-mail address: _____

Fees:

The below fees include required application review fee.

Basic Fees	
Business License <input type="checkbox"/>	\$50.00 per year
Vendor License <input type="checkbox"/>	\$25.00 per year

For Office Use Only:		
Amount received: \$ _____		
Cash:	Check No.	Credit Card:
License No. _____		
Approved by: _____		Date: _____
License Processed: ____/____/____		

By signing below, you agree to all of the terms of the Town of La Jara business license requirements. You have followed up with all relevant state and county agencies to comply with state and county license requirements for your business. The Town of La Jara business license does not cover state and county license requirements that you may need to comply with your business.

Signature

Date

Print Name

