

**TOWN OF HUDSON
AFFIDAVIT
APPLICATION FOR BUSINESS LICENSE**

Applicant's Full Name: _____

Business Address: _____

Business Phone: _____

Residence Address: _____

Residence Phone: _____

Name of Business: _____

Type of Business: _____

Where will the principle place of business be:
Street Address: _____

City & State Zip: _____

Will there be other business locations? Yes__ No__ If so, please list the other locations:

2: Street Address: _____

City & State Zip: _____

3: Street Address: _____

City & State Zip: _____

What is the *mailing* address for the business:

St. Add. or P.O. Box: _____

City & State Zip: _____

List the cities and towns in Colorado and elsewhere where you have engaged in similar businesses:

List the cities or towns in Colorado where a Business license is presently held:

Have you ever been convicted of any crime (including felonies, misdemeanors, petty offenses, and ordinance violations)?

Yes__ No__ Date _____ Location _____ Type of Violation: _____

Give a brief description of the nature of the business and the goods to be sold, scheduled, or delivered:

Name of Owner(s): _____

Phone: _____

(Business): _____

Additional Owner(s): _____

Phone: _____

(Business): _____

Home Address: _____

Business Address: _____

If applicant is a foreign corporation or an employee of such corporation, state the name, address and telephone number of an agent for process residing in the State of Colorado

Length of time for which a license is desired: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

a) Federal Employer Identification Number (FEIN) or Social Security Number (SSN):

b) State of Colorado Sales Tax Number: _____

c) Town of Hudson Sales Tax Number: _____

d) Zoning district in which the principle place of business is located: _____

f) Zoning district in which the second place of business is located: _____

g) Zoning district in which the third place of business is located: _____

Applicant affirms that he is familiar with Ordinance No. 91-7 of the Hudson Code, regarding business licenses in the Town of Hudson and prescribing penalties for violation of the ordinance.

Applicant's Signature: _____

Date: _____

OFFICE USE ONLY

License/Permit No. _____ Fee Paid \$ _____

Issued From: _____ To: _____

Approved: _____ Date: _____
(Town Clerk)