



# APPLICATION FOR BUSINESS LICENSE & ANNUAL RENEWAL

Municipal Code 6-1 - 6-9

PO Box 351  
50 S Beech Street  
Hudson, CO 80642

Phone: 303-536-9311  
Fax: 303-536-4753  
info@hudsoncolorado.org

Applicant's Full Name: \_\_\_\_\_

Applicant's Relationship to Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Alternate Email (Optional): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Other relevant contact information (if applicable): \_\_\_\_\_

Description of Business Operations: \_\_\_\_\_

\_\_\_\_\_

Owner(s) Name	Phone	Email	Address

Does this business require an additional application for the following:

- Sales Tax License    Home Occupation    Peddler's License    Alcoholic Beverages    Sexually-Oriented Business

M.C. 4-43(e)   | M.C. 16-20, 16-117, 16-147 | M.C. 6-23   | M.C. 6-123 - 6-170   | M.C. 6-47 - 6-98

Federal Employer ID # or SSN: \_\_\_\_\_

State of Colorado Sales Tax #: \_\_\_\_\_

Town of Hudson Sales Tax #: \_\_\_\_\_

Zoning district of business: \_\_\_\_\_

Additional zoning districts (if applicable): \_\_\_\_\_

By signing below applicant states, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Permit #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Fee Paid:  Staff Initials: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_