



# Dacono™

## Application for Business License – transient

City of Dacono  
512 Cherry Street  
Dacono, CO 80514  
Phone: 303.833.2317  
cityofdacono.com

Type Of License \_\_\_\_\_

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

<b>Name of Applicant</b>			
<b>Permanent Address of Applicant</b>			
<i>(Street, City, State, Zip)</i>			
<b>Business Address</b>			
<i>(Street, City, State, Zip)</i>			
<b>Mailing Address (if different)</b>			
<i>(Street, City, State, Zip)</i>			
<b>Local Business Phone:</b> ( )	<b>Mailing Address Phone:</b> ( )	<b>Business Fax:</b> ( )	<b>Business e-mail:</b> ( )

Federal Tax ID: \_\_\_\_\_ Colorado State Sales Tax Number \_\_\_\_\_  
*(sole proprietors use SSN):* *(if applicable)*

### REFERENCES:

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

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

Phone: \_\_\_\_\_ Years Known : \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Does your business require any licenses or approvals from other governmental agencies (e.g., Environmental Protection Agency, Weld County Public Health Department or a State Licensing Agency)?**

Yes If yes, please attach a copy of each approval received and list below approvals required, but not yet received.

No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(in the event you need to be contacted outside business hours)

Primary Contact: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

What are the days and hours of operation of your business? \_\_\_\_\_

**THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:**

1. A copy of your "Certificate of Liability Insurance" for current year issued by your insurance company. The "City of Dacono" needs to be listed as certificate holder.
2. A \$1,000.00 Cash Bond to be held until State Sales Tax is received by The City.

**I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true, correct and complete.**

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

Title \_\_\_\_\_

**For Departmental Use Only (Do not write below)**

Fee _____	Expiration Date _____
Approved By _____	Date _____
Denial By _____	Date _____
Issued By _____	Date _____

**Conditions of Approval:**

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