**Town of Aguilar Business License Application**

**101 W. Main Street, P.O. Box 538, Aguilar CO. 81020**

**(719) 941-4360 Fax (719)941-4395**

Please check all that apply:

**New business Renewal of existing license**

Sole Proprietorship Change of Business Name

Corporation Change of Business Address

LLC/LLP Change of Mailing Address

Non-Profit Other

Section 1: General Business Information

Business Name: Doing Business As:

Business Street Address

City State Zip Code Phone No.

Business Mailing Address

City State Zip Code Fax No.

Email Address Website

Section 2: Owners Information

First Name Last Name

Address

City State Zip

Phone No. Alternate Phone No.

Section 3: Type of Business

Retail Services Contractor Other

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

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

License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_