



**TOWN OF JOHNSTOWN**  
**MUNICIPAL CODE Sec. 6-2. Persons subject to license.**

A license or permit is required for the maintenance, operation or conduct of any business or establishment, or for doing business or engaging in any activity or occupation, any person shall be subject to the requirement if by himself or herself or through an agent, employee or partner, he or she holds himself or herself forth as being engaged in the business or occupation, or solicits patronage therefor, actively or passively, or performs or attempts to perform any part of such business or occupation in the Town.

**The Town of Johnstown has prepared the attached Business License/Sales Tax application for your use.**

- Fill out the form completely and include your \$50.00 business license fee payable to the Town of Johnstown. Include \$1.00 for the sales tax license. ***You must attach a copy of your State Sales Tax License.***
- Any errors or omissions may result in the application being returned to you, thus delaying the time necessary to receive your license. The license number will be designated by the town when the application is processed.
- Food service businesses are required to obtain a permit from the health department. Contact your County Health Department for further information.
- ***(Sole Proprietors only): Included is an affidavit to prove Lawful Presence, a copy of a picture ID is required at the time of application.***
- Should you encounter problems filling out the forms or if you have any questions about the approval process for this type of license please contact the Town Clerk's office at 970-587-4664.
- The Town of Johnstown's current sales tax rate is 3%. The State of Colorado new business assistance center, <http://colorado.gov> 303-894-2200, provides useful information on other aspects of starting a business.
- For information regarding a state sales tax license or trade name registration, contact the Colorado Department of Revenue at 303-238-7378.
- Signs for your business require a permit. For information on sign requirements for your location, please call Johnstown Town Hall at 970-587-4664 or consult our website at [www.townofjohnstown.com](http://www.townofjohnstown.com) for sign regulations in our municipal code.

OFFICE USE

Lic. No \_\_\_\_\_

Fee: \_\_\_\_\_

### 2016 JOHNSTOWN BUSINESS / HOME OCCUPATION LICENSE

#### GENERAL LICENSING FEES

GENERAL BUSINESS (RETAIL & GENERAL WHOLESALERS, OFFICE & SERVICE OCCUPATION

HOME OCCUPATION, HOUSEHOLD & PERSONAL ACCESSORY ITEMS.

MANUFACTURING OR ASSEMBLY .....\$50.00

SALES TAX LICENSE.....\$ 1.00

PLEASE TYPE OR PRINT CLEARLY

Business Name: \_\_\_\_\_ Owner's Name \_\_\_\_\_

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

Address

City, State, Zip

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

Address

City, State, Zip

Address Of Owner: \_\_\_\_\_

Address

City, State, Zip

Business Phone: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

Describe in detail the nature of the business: \_\_\_\_\_

Start Date of Business: \_\_\_\_\_ State Sales Tax Number: \_\_\_\_\_

(A copy is required)

*\* May be subject to a Safety Inspection*

#### Type of License

Type of Business:     Retail                       Wholesale                       Service  
 Type of Ownership:    Individual                       Corporation                       Co-Partner  
                                   Other

*If the facility has seating for consumption (restaurant/bar) please indicate capacity: \_\_\_\_\_*

Business Location Type (Check One): Home Occupation:     Yes                       No

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_

Contact Person in Case of Emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\*\* These licenses must be placed in a conspicuous place at a place of business. The license will expire on December 31<sup>st</sup> of the year 2016 and must be renewed each year. \*\*

\_\_\_\_\_

Applicant Signature

Date

Building Inspector: \_\_\_\_\_ Town Planner: \_\_\_\_\_

Fire Marshall: \_\_\_\_\_ Town Clerk: \_\_\_\_\_

## LAWFUL PRESENCE AFFIDAVIT

I, \_\_\_\_\_ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

\_\_\_\_ I am a United States citizen, or

\_\_\_\_ I am a legal Permanent Resident of the United States, or

\_\_\_\_ I am otherwise lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Per HB 06S-1023, you *must* provide a copy of one of the following IDs with this Affidavit.**

- Colorado Driver's License
- Colorado ID card
- Military IDs
- Coast Guard mariner document
- Native American tribal document