



# Town of Johnstown

## APPLICATION FOR BUSINESS LICENSE

Annual Application Fee \$50.00

FOR TOWN USE ONLY

ISSUE DATE:

ACCOUNT NO.

Type of Application:      New              Renewal

Applicant Name: \_\_\_\_\_  
(Name of Corporation, Partnership, Association or Individual)

Type of Ownership:      \_\_\_\_\_ \*Individual                      \_\_\_\_\_ Corporation  
   \_\_\_\_\_ \* Sole Member LLC                      \_\_\_\_\_ Association  
   \_\_\_\_\_ \* Single-Shareholder Corp.                      \_\_\_\_\_ Partnership  
   \_\_\_\_\_ Other    \_\_\_\_\_ Limited Liability Company

**\*NOTE:** Any business in the column with an \* above must sign and submit an "Affidavit of Lawful Presence" as attached. When completing the Affidavit also include a proper form of identification as listed below.

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

Business Location: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Colorado Sales Tax Number: \_\_\_\_\_

Product (s) or Service(s): \_\_\_\_\_

1. Is this a Home-Based Business      YES      NO
2. Is this a new business to Johnstown:      YES      NO
3. Number of employees: \_\_\_\_\_

*The Community That Cares*

www.TownofJohnstown.com

P: 970.587.4664 | 450 S. Parish Ave, Johnstown CO | F: 970.587.0141

I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the Town of Superior tax laws and regulations and to the best of my knowledge and belief, are true correct and complete.

\_\_\_\_\_  
**Applicant/Agent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant/Agent Printed Name**

**PLEASE NOTE: Every person shall obtain a license from the Town before operating, conducting or carrying on any retail trade, profession or business within the Town which is responsible for collecting Town sales taxes. The State of Colorado collects Sales Tax for the Town of Johnstown. When reporting your Sales Tax to the State, include Johnstown’s portion and the State will forward payment to the Town.**

\_\_\_\_\_  
**Town Clerk Approval**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Planning Department**

\_\_\_\_\_  
**Date**

**AFFIDAVIT OF LAWFUL PRESENCE**

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 Permanent Resident of the United States; or

\_\_\_\_\_ I am 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 C.R.S. § 18-8-503 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

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