



CITY OF FLORENCE

2020 Application for Business License

New Businesses: Applying before July 1: \$50.00 Applying July 1 or later: \$25.00

Renewal of an existing business: \$50.00 **Non-Profit Organizations:** \$0.00

Nature of the business (i.e. restaurant, retail, manufacturing, salon, etc.): _____

1. BUSINESS INFORMATION

Business Name:	Business Owner:
Physical Address of Business:	Business Phone Number:
Business Fax Number:	Business Email Address:
Form of Business: (Sole proprietor, partnership, LLC, etc.)	Colorado State Sales Tax Number: (Attach a copy of license/application)
Are all applicable taxes paid?	Do you have any outstanding debt with the City?

2. APPLICANT INFORMATION

Applicant Name:	Business Contact Person:
Business Mailing Address:	City, State, ZIP:
Emergency Contact Person:	Emergency Contact Phone Number:

3. PREMISES INFORMATION

Property Owner:	Property Owner Address:
How many off-street parking spaces will you provide?	Do you plan new/additional signage or changes to current signage?
Has this business changed owners since the last time a business license was issued?	Has the business changed location since the last time a business license was issued?
Is business location a residence or commercial building?	Does the property have any type of alarm? (Please Describe)
KnoxBox information Please keep your KnoxBox information updated with the fire department. 719-784-3611	Will flammable or any other hazardous materials be used?

4. PLANNING AND ZONING

All businesses within Florence City Limits are subject to review by the City of Florence Planning Department. Any businesses that do not meet the zoning requirements will be denied and contacted by the Planning Director to discuss options. Please contact the Planning Department at (719) 784-4848 ext. 227 for additional information regarding zoning.

<u>OFFICE USE ONLY</u>	
Planning Official _____	Date _____
Type of Business _____	Property Zoning _____
Approved? _____	
Zoning Case Number (If Special Use Permit is required) _____	
Home Occupation?* _____	
*If so, initial that applicant understands Home Occupation Regulations: _____	

5. APPLICANT NAME/SIGNATURE

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. PRINTED NAME:
SIGNATURE: