



GARFIELD COUNTY BUSINESS LICENSE APPLICATION

Name of Applicant: _____

Name of Business: _____

Mailing Address: _____

Address of Business: _____

Property Tax ID Parcel Number: _____

Email Address: _____ Phone Number: _____

Description of Business: _____

For Short-Term Rentals, please list all advertising sites the rental is listed on: _____

State License Number: _____

Sales Tax Number (STC Number): _____

Transient Room Tax (STR Number), if applicable: _____

Restaurant Tax Number (SPF Number), if applicable: _____

I hereby certify the above and foregoing information to be true and correct to the best of my knowledge, and that I am the current owner of record, or that I have attached hereto a notarized statement from the owner of record certifying his knowledge of my application for zone change, and my intended use of the property listed herein.

DATED this _____ day of _____, 20_____.

Applicant



GARFIELD COUNTY BUSINESS LICENSE CHECKLIST

1. The applicant shall **fill out this Business License Application** and submit it to the Garfield County Clerk.
2. Upon application submittal, the **applicant shall pay all application fees** identified in the Garfield County Business License Ordinance.
3. Next, the application will be **presented to the Planning Department** to confirm compliance with any related Planning and Zoning Ordinances.
4. **If there is conflict, it shall be mitigated with the Planning Department** and go through the appropriate steps to come into compliance.
5. Once approved from the Planning Department, the Business License Application will be presented in the **County Commission Meeting** for final approval. County Commission Meetings are held on the second and fourth Monday's of every month unless otherwise advertised.

GARFIELD COUNTY AUDITOR/CLERK, CAMILLE A. MOORE

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GARFIELD COUNTY DEPUTY AUDITOR/CLERK, AMY DODDS | KYLEE ORTON

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