



APPLICATION FOR BUSINESS LICENSE

Municipal Code 6-1 - 6-9

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

Applicant's Full Name: _____

Applicant's Relationship to Business: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Residence Address: _____

Residence Phone: _____ Alternate Email (Optional): _____

Mailing Address: _____

Other relevant contact information (if applicable): _____

Description of Business Operations: _____

Owner(s) Name	Phone	Email	Address

Does this business require an additional application for the following:

- Sales Tax License
 Home Occupation
 Peddler's License
 Alcoholic Beverages
 Sexually-Oriented Business

M.C. 4-43(e) | M.C. 16-20, 16-117, 16-147 | M.C. 6-23 | M.C. 6-123 - 6-170 | M.C. 6-47 - 6-98

Federal Employer ID # or SSN: _____

State of Colorado Sales Tax #: _____

Town of Hudson Sales Tax #: _____

Zoning district of business: _____

Additional zoning districts (if applicable): _____

By signing below applicant states, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____

Date Received: _____

Amount Due: _____

Fee Paid: Staff Initials: _____

Approved: _____

Date: _____

Notes: _____
