

# TOWN OF NORWOOD BUSINESS LICENSE APPLICATION

Please submit completed and signed form to the Town Clerk's Office  
1670 Naturita Street PO Box 528 Norwood, Colorado 81423

Date:

New

Renewal

License #

DBA Name:	Business Legal Name:
Primary Owner Name (Last, First, Middle):	Physical Business Address:
Other Owner Name (Last, First, Middle):	Business Mailing Address:
Primary Contact Name/Position:	Business Phone Number:
Landlord Name & Mailing Address:	Business FAX Number:
Primary Contact Phone:	Business E-Mail:
FEIN #:	Colorado State Sales Tax #:
Year Business Started:	Number of Employees:
Business Square Footage:	Date Business License Paid:

## Type of Business

Retail Business  Non-Profit  Service Business  Seasonal  Itinerant

## Type of Ownership

Corporation  Limited Liability Co.  Partnership  Sole Proprietorship

## Business Description

Include Nature of Business, Types of Products and Services to Be Provided

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## Other Licenses Required

State Health Department License # \_\_\_\_\_

State Liquor License # \_\_\_\_\_

Colorado Cosmetology License # \_\_\_\_\_

Colorado Real Estate License # \_\_\_\_\_