



Town of New Castle
450 W. Main Street
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New Castle, CO 81647

Administration Department

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Business License Application

Please select:

☐ Renewal

☐ New License

Fee: \$50.00

Business Name:	Date:
Physical Address:	
Mailing Address:	
Phone Number:	Fax Number:
E-Mail Address:	Website URL:

Contact Person (if not the owner):	
Owner's Name:	
Home Address:	Home Phone:

Do you have legal possession of the premises through ownership, lease or other arrangement, through December 31 of the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Ownership	
<input type="checkbox"/> Lease – Please provide letter of Approval from Landlord	

Applicant is:	
<input type="checkbox"/> Individual (attach Lawful Presence Affidavit)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other

Date Business Started at This Location: _____	# of Employees: _____
Nature of the Business: _____	
Sales Tax Number Please Provide Copy: _____	

Is your business required to be state or federally licensed? Please Provide Copy ___ Yes ___ No	
Is your state or federal license current? ___ Yes ___ No	

I understand that sales tax in the amount of 8.2% (2.9% State; 1.0% County; 3.5% Town of New Castle; .8% RFTA) is to be collected on all applicable sales. ____ (Initials)

Contractors MUST provide proof of General Liability and Workers Compensation Insurance. All application materials are subject to the Colorado Open Records Act (CORA), C.R.S. §24-72-201 to 207.

OATH OF APPLICANT

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Revised Statutes and the New Castle Municipal Code which affect my license.

Signature _____

Date _____