



# TOWN OF MONUMENT

## BUSINESS LICENSE APPLICATION

Please complete this application and return it with the proper fee to:

Town of Monument  
PO Box 325  
Monument, CO 80132

Fee: \$75

Phone: 719-481-2954

e-mail: smeszaros@townofmonument.net

Fax: 884-8011

### Business Information

Today's Date \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Street Address \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ Your fire district wants to know if this Business is located within another existing business building?  Yes  No

Business Phone \_\_\_\_\_ If yes, name of business \_\_\_\_\_

Owner Name \_\_\_\_\_ Manager Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of Business, please provide an additional description of business activities conducted or provided.

Is this Business conducted from your home or a residence?  Yes  No

If yes, a *Home Occupancy Regulations* form will need to be signed.

Colorado State Sales Tax ID Number \_\_\_\_\_

Contractors: Certificate of Insurance \_\_\_\_\_ Fire District \_\_\_\_\_

### Office Use Only

New License \_\_\_\_\_ Renewal \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date Fee Paid \_\_\_\_\_ Check Number \_\_\_\_\_

Approval: Police \_\_\_\_\_ Clerk \_\_\_\_\_ Planning \_\_\_\_\_ Fire Dept \_\_\_\_\_

**TOWN OF MONUMENT POLICE DEPARTMENT  
AND EL PASO COUNTY SHERIFF'S OFFICE**

NEW: \_\_\_\_\_

RENEWAL: \_\_\_\_\_

**BUSINESS PREMISE FILE      COPY TO EL PASO COUNTY:**

Please complete the information below concerning after hours contacts for your business. This information will enable our officers to contact you or a designated person in case of an emergency regarding your property. Please notify the Monument PD of changes as soon as possible. (Please include it with your Business License Application and return to the *Town of Monument, PO Box 325, 166 Second Street, Monument, CO 80132.*)

DATE: \_\_\_\_\_

BUSINESS LICENSE NO. \_\_\_\_\_

NEW EXPIRATION DATE \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS HOURS: MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_  
SAT \_\_\_\_\_ SUN \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_

ALARM COMPANY PHONE: \_\_\_\_\_

LOCATION OF LOCK/BOX SAFE: \_\_\_\_\_

HAZMAT/LOCATION: \_\_\_\_\_

JANITORIAL NAME: \_\_\_\_\_

JANITORIAL SERVICE HOURS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION OF ANY ENCLOSED STORAGE LOTS: \_\_\_\_\_

AUTHORIZED PERSONNEL AFTER HOURS: \_\_\_\_\_

**AFTER HOURS CONTACTS:**

1: NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
PHONE: \_\_\_\_\_

2: NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
PHONE: \_\_\_\_\_

3: NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
PHONE: \_\_\_\_\_