



# 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

Annual Fee: \$75

Phone: 719-481-2954

e-mail: [smeszaros@townofmonument.net](mailto: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 (if applicable) \_\_\_\_\_

Owner's Home Address \_\_\_\_\_

Owner's Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of Business/description of type of work or service performed (use additional pages if needed)

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 \_\_\_\_\_

### 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 POLICE STATION:**

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 PHONE: \_\_\_\_\_

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

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

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

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

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

LOCATION OF SAFE: \_\_\_\_\_

JANITORIAL SERVICE: \_\_\_\_\_

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

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

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

**AFTER HOURS CONTACTS:**

1: NAME: \_\_\_\_\_ OWNER/MANAGER: \_\_\_\_\_  
PHONE: \_\_\_\_\_

2: NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

3: NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**MESSAGE THERAPY BUSINESS LICENSE REQUIREMENTS**  
(PER ORDINANCE #03-2003 DATED JULY 7, 2003)

1. All aliases by which applicant is or has been known. \_\_\_\_\_

2. The previous street and city address of the applicant for the two (2) years preceding the application. \_\_\_\_\_

3. Copy of driver's license or picture ID showing applicant is over the age of eighteen (18) years old, showing applicant's height, weight, eye and hair color.

4. Applicant's business, occupation or employment history for the three (3) years immediately preceding the date of application.

Name	Address	Years of Employment
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5. Applicant's massage or similar business license history; whether the applicant has been previously licensed in this or any other city or state, and whether any such license has been revoked or suspended, the reason therefore, and the applicant's business activity or occupation pursued subsequent to such action, suspension or revocation.

6. Does the applicant have any felony convictions or convictions involving moral turpitude for the five (5) years preceding application? If Yes, provide details.

**Massage Therapy Application (Page 2)**

7. Applicant must furnish a diploma or certificate of graduation and a transcript of education from an approved school or other institution of learning, as defined in this chapter, wherein, the method, profession and work of massage therapy is taught.

8. Consideration of Criminal History. The criminal history record information of any applicant, license or employee of the licensee or applicant may be taken into account by the Town Clerk in the decision to grant, renew, revoke, or suspend any license issued pursuant to this section. (Background Check)

9. The Town of Monument is not able to provide the testing process, we will accept a Colorado Springs business license in lieu. (see Ordinance #22-2004), or a State of Colorado Massage Therapy Certification.

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**APPLICANT'S SIGNATURE**

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**DATE**