



**SPECIAL EVENT
BUSINESS
LICENSE
APPLICATION 2023**

Date(s) of Event _____

Name of Business: _____
Owner(s) Name/Contact: _____
Indicate the type of ownership:
 Individual Company LLC Corporation Association/Club
 Other _____

Physical Address of Business:
(Street, City, State, Zip) _____
Mailing address (If different from above):
(Street/P.O. Box, City, State, Zip) _____
Business Phone: _____
Owner Phone: _____
Email: _____
State Sales Tax Account # _____
Is this a Home Occupation: _____
Indicate type of Business:
 Wholesale Retail Service Non-Profit
 Other (explain) _____

Good(s) or Service(s) Provided: _____
Website Address: _____

I declare, under the penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith pursuant to applicable tax laws and regulations, and to the best of my knowledge and belief are true, correct, and complete.

Signature: _____ Date: _____

Title: _____

FEE DUE FOR EACH EVENT: \$25.00

Please mail completed application and fee to:

City Clerk
City of Cripple Creek
PO Box 430
Cripple Creek, CO 80813

FOR OFFICIAL USE ONLY:

Date Received: _____
Receipt No. _____
License No. _____

Questions? Call (719) 689-2502 or email clerk@cripple-creek.co.us