



Town of Milliken

1101 Broad Street * PO Box 290 * Milliken, CO 80543
Phone: 970.587.4331 * Fax: 970.587.2678

BUSINESS LICENSE APPLICATION

(Per Ordinance 282 and 481)

\$20 fee payable to the Town of Milliken

*Business Name: _____

Please Print

Business Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Business Phone: _____ Business Fax: _____ Email: _____

Emergency Contact: _____ Phone: _____

Name of Owner: _____ Birthdate: _____

Owner Address: _____ Phone: _____

Name of Manager: _____ Phone: _____

Manager Address: _____

Business Attorney Name (optional): _____

Attorney Address: _____

Type of Business: _____

*If a corporation, the names, addresses, and dates of birth of the president, vice president, treasurer, secretary and majority shareholders; if a partnership, the names, addresses and dates of birth of a minimum of four (4) principal partners. Please attach a separate sheet with information.

Please include a list of the residence of the applicant during the past five (5) years, if an individual; if a partnership, such addresses for a minimum of four (4) principal partners.

Will the business use or store any significant amounts of flammable, toxic or corrosive substance? Yes ____ No ____
If yes, attach a separate page explaining the details.

Have you ever been denied or revoked a license to conduct any business? Yes ____ No ____
If yes, attach a separate page explaining the details.

Have you been arrested and/or convicted within the last five years for a misdemeanor or felony? Yes ____ No ____
If yes, attach a separate page explaining the details.

I hereby acknowledge and affirm that I will operate my business in compliance with all applicable local, state and federal laws, and understand that my business must not violate the Town of Milliken zoning regulations.

I further acknowledge that the Town of Milliken will conduct a Colorado Bureau of Investigation Background Check prior to the approval of license.

Applicant Signature

Date

Staff Use Only
(Initial and Date)

License #: _____

Fee Paid: _____

License Mailed: _____

CBI Approved: _____