

Vendor Number _____

**CITY OF LAMAR BUSINESS LICENSE APPLICATION
LICENSE FEE - \$7.00**

____New ____Renewal ____Change in Ownership

Business Name _____

Type of Business _____

Contact Person _____

Business Address _____

Mailing Address _____

Telephone # _____ Fax # _____ E-Mail _____

FEIN # _____ State of CO ID # _____

NAME OF OWNER _____

HOME ADDRESS _____

SOCIAL SECURITY# _____ DL# & STATE _____ HOME PHONE _____

FILING FREQUENCY: __MONTHLY__ QUARTERLY__ SEMI-ANNUAL__ ANNUAL

FIRST DAY OF BUSINESS IN LAMAR _____

APPLICANT'S SIGNATURE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LAMAR
MAIL APPLICATION TO: City of Lamar, Attn: Licensing Department, 102 E. Parmenter St., Lamar, CO 81052
CONTACT THE CITY OF LAMAR LICENSING DEPARTMENT AT 719-336-4376

CITY OF LAMAR BUSINESS LICENSE REQUIRED FOR ALL CITY BIDS

DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY

THIS APPLICATION MUST BE APPROVED BY THE FOLLOWING DEPARTMENTS BEFORE BEING ISSUED:
(ONE WEEK WAITING PERIOD)

BUILDING & CODES _____ FIRE _____ ENGINEER _____