Change of Information  
BED & BREAKFAST (B&B) LICENSE

REQUIRED FIELDS

Owner Name: 

Business Name: 

Business Physical Address: 

☐ All B&B Correspondence Be Sent to the On-site Manager.
☐ To Receive Correspondence Electronically
☐ Copy of CO Sales Tax License Enclosed

ONLY COMPLETE FIELDS WHERE A CHANGE HAS OCCURRED

Owner Mailing Address: 

Mailing City: __________________________________________ Mailing State: ____________ Mailing Zip: ______________

Business Phone: ____________________________ Owner/Cell Phone: ____________________________

Owner Email: __________________________________________

Emergency Contact Name: ____________________________ Phone: ____________________________

CO Sales Tax License # __________________________________________ Sales Tax Reporting Name __________________________________________

On-Site Manager (if applicable)  
**Complete the following section ONLY if a change has occurred**

Name: ____________________________ Email (required): ____________________________

Business Phone: ____________________________ Mobile Phone: ____________________________

Physical Address: __________________________________________

By signing below, I acknowledge:
• I am responsible for renewing the B&B license by the January 31st each calendar year.
• I am responsible for notifying the Town of Estes Park of any change in the status of this B&B (e.g., change in on-site manager, no longer operating as a B&B, change in ownership, etc.).
• I must abide by all Estes Park Municipal Codes and Estes Park Development Codes.
• I have read and understand, EPMC Chapters 5.20 & 14.12, EPDC Chapter 5.1, Local Marketing District and sales tax information.
• I agree to have my email address included in the Town of Estes Park Public Information and Estes Valley Fire Protection District email lists, and I am responsible for notifying guests of relevant important information. It is my responsibility to seek out and relay information concerning the safety of the guests and the community, through any and all available sources.
• I understand all deadlines associated with the application process shall be met and, if not met will result in the application being deemed incomplete and a bed & breakfast license shall not be issued.

Initial: ____________ I understand all communication from the Town of Estes Park will be done by email and maybe subject to spam filters (e.g., VH updates, renewal notices).

Initial: ____________ I understand all information contained on this form is public information.

X ______________________ / ___________ X ______________________ / ___________
Owner’s Signature / Date  **On-Site Manager’s Signature / Date**

RETURN TO: townclerk@estes.org, Town Clerk’s Office, P.O. Box 1200, Estes Park, CO 80517

FOR OFFICE USE ONLY: LICENSE #: _______________ CLERK: _______________ DATE: _______________
Notes: ______________________________________________________________________ □ EMAIL TO CONSTANT CONTACT