

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

REQUIRED FIELDS

Owner Name:		
		_
Business Physical Address:		
☐ All B&B Correspondence Be Sent to the 0	On-site Manager.	
☐ To Receive Correspondence Electronic	ally	
☐ Copy of CO Sales Tax License Enclosed	1	
ONLY COMPLI	ETE 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	_
Complete the fo	On-Site Manager (if applicable) bllowing section ONLY if a change has occurred	
Name:	Email (required):	
Business Phone:	Mobile Phone:	
Physical Address:		
 I am responsible for notifying the Town of longer operating as a B&B, change in ow I must abide by all Estes Park Municipal (I have read and understand, EPMC Chape This B&B is subject to commercial utility remainded in Initial: I understand all dead application being deemed incomplete and Initial: I understand all comfilters (e.g., VH updates, renewal notices) I agree to have my email address include email lists, and I am responsible for notify information concerning the safety of the general contents. 	cense by the January 31st each calendar year. If Estes Park of any change in the status of this B&B (e.g., change in the status), etc.). Codes and Estes Park Development Codes. Oters 5.20 & 14.12, EPDC Chapter 5.1, Local Marketing District and rates for the current calendar year, and sales tax collection and rem dlines associated with the application process shall be met and, if not a bed & breakfast license shall not be issued. Immunication from the Town of Estes Park will be done by email and metal. Dead in the Town of Estes Park Public Information and Estes Valley Flying guests of relevant important information. It is my responsibility guests and the community, through any and all available sources. Set of my knowledge, true and correct and any changes to the information.	sales tax information. ittance. ot met will result in the naybe subject to spam Fire Protection District to seek out and relay
X / Owner's Signature / Date	X **On-Site Manager's Signature / Date	
RETURN TO: townclerk@estes.o	rg, Town Clerk's Office, P.O. Box 1200, Estes P	ark, CO 80517
EOR OFFICE USE ONLY: LICENSE #:	CLEDK: DATE:	

☐ EMAIL TO CONSTANT CONTACT