

CRESTED BUTTE SOUTH PROPERTY OWNERS ASSOCIATION, INC. 61 TEOCALLI ROAD, CRESTED BUTTE, CO 81224 PHONE (970) 349-1162, WEBSITE: www.cbsouth.net, FAX (970) 349-1163 LICENSE NO.

DATE RECEIVED

## **Business License Application**

NAME OF BUSINESS	BUSINESS ADDRESS		APPLICATION DATE		
BUSINESS OWNER INFORMATION					
Owner/Contact Name(s):					
Mailing Address:					
Business Phone:	Emergency Phone:				
Email Address:					
Website Address:					
PROPERTY OWNER INFORMATION					
Company Name:		Phone:			
Primary Contact Name:					
Email Address:					
Assembly, Health & Wellness, Sports	<ul> <li>Business Office</li> <li>Food and Beverage</li> <li>Manufacturing</li> </ul>		Professional Services Retail Other		
Detailed description of Business operations to include hours, employees, parking, etc. (Attach additional pages as needed)					
LICENSE TYPE (please check all that apply)					
Colorado Liquor License Number					

## FINE SCHEDULE

Failure to submit an annual Crested Butte South Property Owners Association Business License will result in fines and penalties in accordance with the Notice, Hearing and Enforcement Policy. Fines may be levied for non-compliance as follows:

FIRST VIOLATION: (30 days after application due date): Written warning

SECOND VIOLATION: \$50 (60 days after application due date)

THIRD VIOLATION: \$100 (90 days after application due date)

FOURTH VIOLATION: \$200 (cease business operations)

A business who accumulates more than 4 violations within a 12-month period will be deemed to be a habitual offender. The business will be to the Association's attorney and written notice will be sent to the landlord, if applicable.

I have carefully examined and read the contents of this application and know that the information contained herein is correct, and that in doing the work described herein, all provisions of the Crested Butte South Special Area Regulations and the applicable laws of the State of Colorado will be complied with. I further accept the conditions as required to obtain this license.

Jighature of Applicant	Signature	of	App	licant
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Print Name\_\_\_\_\_

Date

APPLICATION FEE	PAYMENT RECEIVED	APPROVED BY
\$100.00	Cash	
	Check No	