

**CITY OF GREELEY**  
**APPLICATION FOR BUSINESS LICENSE**

Remit to: 1000 10 Street Greeley, CO 80631

970-350-9728

Fax: 970-350-9736

NAME OF COMPANY OR FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ LICENSE # \_\_\_\_\_

ATTN. NAME \_\_\_\_\_

MASTER NAME \_\_\_\_\_

TYPE OF LICENSE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\*\*ONLY FILL OUT IF YOU ARE APPLYING FOR ONE OF THE FOLLOWING LICENSES:**

**SOLICITOR, ONE DAY PEDDLERS, PEDDLERS, MAGAZINE SALESPERSON, DAIRY VEHICLE, OR DELIVERY SERVICE.**

NAME:	
AGE:	WEIGHT:
BIRTH DATE:	HAIR COLOR:
HEIGHT:	EYE COLOR: