



**NAMES & HOME ADDRESSES OF OWNERS OR OFFICERS OF BUSINESS**

(Attach additional schedule if necessary)

Name \_\_\_\_\_ Position \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State \_\_\_\_\_

**ALL SIGNS POSTED MUST BE APPROVED BY THE PLANNING DEPARTMENT**

By signing below, I declare, under penalty of perjury in the second degree, that this application has been examined by me. That the statements made herein are made in good faith pursuant to the Town of Gypsum's Municipal Code, and to the best of my knowledge and belief, are true, correct, and complete. I am attesting that the above listed business is in compliance with all laws of the United States, State of Colorado, and the Town of Gypsum. Also that this business or applicant is not in default of any financial obligation in any manner to the Town except current taxes. I also agree this business will comply with all laws and regulations applicable to such licensed business and avoid all practices or conditions which do or may affect the public health, morals, or welfare. In addition, this licensed business will refrain from operating upon expiration or suspension of this license unless renewed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be person legally responsible for the business i.e. owner, partner, officer, etc.)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mail To: Town of Gypsum  
License Officer  
PO Box 130  
Gypsum, CO 81637  
Phone: (970) 524-1753  
Fax: (970) 524-7522  
[ltrudeau@townofgypsum.com](mailto:ltrudeau@townofgypsum.com)