

## 2024 BUSINESS LICENSE APPLICATION

B	Business Informatio	on
Name of Business:		
Business Address:		
Business Phone:		
Secondary Address:		
Cellular Phone:		
Email:		
Website:		
	Key Personnel	
Name/Title:		
$\mathbf{C}$	ertificates & Licens	es
Type/Number:		
Ai	rcraft (if applicab	le)
Make:	Model:	N#:

## Type of Business License/s Applying for:

The annual fee of \$500.00 covers one or more aeronautical activities at the Colorado Air and Space Port for which an applicant meets all requirements as stated in the "Minimum Standards for Airport Users" including evidence of current insurance. A late fee of \$100 per month or a fraction of a month will be assessed for businesses that do not renew their business license by the first day of January of each year.

The applicant/s hereby acknowledges that they have read the "Minimum Standards for Airport Users" as adopted by Colorado Air and Space Port/Adams County are in full compliance and have provided the necessary certificates of insurance.

Insurance Certific	cate on file expires	·
Please sign here:		
By	Title	Date
By	Title	Date

Please attach your check for \$500.00, payable to Colorado Air and Space Port along with the completed application and proof of insurance to:

Colorado Air and Space Port ATTN: Laura Hansen Business Support Specialist 5200 Front Range Parkway Watkins, CO 80137-7131