

P.O. Box 468
320 Sixth Avenue
Ouray, Colorado 81427



970.325.7211
Fax 970.325.7212
www.cityofouray.com

BUSINESS QUESTIONNAIRE

The purpose of this form is to gather basic information about the business activity you plan to conduct in the City of Ouray. Please fill in as much as possible. Staff will review your responses and contact you about any applications, permits, or licenses that may be required of you. **We appreciate your contacting us!**

YOUR NAME: _____

DATE: _____

BUSINESS NAME: _____

PHONE: _____

MAILING ADDRESS: _____

EMAIL: _____

PHYSICAL ADDRESS: _____

You are OWNER/TENANT (circle one)

NATURE OF BUSINESS ACTIVITY: _____

You can find information about starting a business in Colorado at:

<http://www.colorado.gov/cs/Satellite/CO-Portal/CXP/1165693060244>

If you have you applied for and received a Colorado Sales Tax ID#, please provide: _____

Do you plan to serve alcohol as part of this business activity? Yes _____ No _____

You can find information about applying for a liquor license at: www.colorado.gov/revenue/liquor

There may be Land Use regulations and applications that apply to your business, such as building permits, zoning and signs. City staff contacts are:

Land Use Coordinator
Building Inspector

Mike Fedel
Dennis Moyer

970-325-7070 fedelm@ci.ouray.co.us
970-325-7063

For further information:

City Clerk/Treasurer

Kathy Elmont

970-325-7061 elmontk@ci.ouray.co.us