

*Liberty Laundry*

**APPLICANT DIRECTIONS**

**To process your application, the following fields must be completed.**

**Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.**

**Primary Contact Information (This is whom we will send all business license correspondence to)**

First Name:

Last Name:

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

Business Email:

Business Website:

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**Description of Business**

Laundromat

**Secondary Owner Information**

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

**Business Emergency Contact Information**

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Primary Emergency Contact Last Name:

Primary Emergency Contact Email:


rkreft@kreftgroup.com

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant 

**APPLICANT DIRECTIONS**

*Purity Laundry*

**To process your application, the following fields must be completed.**

**Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.**

**Primary Contact Information (This is whom we will send all business license correspondence to)**

First Name:

Sarah

Last Name:

McGregor

Email Address:

Business Phone:

Business Fax:

N/A

Business CO Sales Tax#:

N/A

Date Business Opened:

05/2007

Business Email:

Business Website:

N/A

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**Description of Business**

Coin Laundry  
Wash/Dry/Fold

**Secondary Owner Information**

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

**Business Emergency Contact Information**

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Primary Emergency Contact Last Name:

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant