



Administrative Services
 Treasury Administration Division

APPLICATION FOR SALES AND USE TAX LICENSE

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD. PHONE (970) 221-6780 FAX (970) 221-6247

INSTRUCTIONS:

1. PLEASE PRINT OR TYPE INFORMATION.
2. SIGN AND RETURN TO: CITY OF FORT COLLINS / SALES AND USE TAX OFFICE
 P.O. BOX 580
 FORT COLLINS, CO 80522-0580
3. UPDATE ALL CHANGES IN BELOW INFORMATION ON REGULARLY SUBMITTED TAX RETURNS.
4. NO LICENSE FEE REQUIRED.

INFORMATION ABOUT BUSINESS

IS THIS BUSINESS LOCATED WITHIN THE CITY LIMITS OF FORT COLLINS? YES _____ NO _____

TYPE OF BUSINESS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER (SPECIFY) _____

CORPORATE NAME: BUSINESS NAME:

BUSINESS ADDRESS: CITY, STATE, ZIP + 4:

MAILING ADDRESS: CITY, STATE, ZIP + 4:

PHONE NUMBER:

DATE BUSINESS BEGAN OPERATION WITHIN THE CITY OF FORT COLLINS OR DATE BUSINESS WAS PURCHASED:

WHAT DO YOU SELL AND/OR SERVICES PROVIDED? RETAIL _____ WHOLESALE _____ SERVICE _____

OWNERS/OFFICERS - IF MORE THAN TWO, LIST OTHERS ON BACK OF FORM

NAME: TITLE:

HOME ADDRESS: DATE OF BIRTH:

CITY, STATE, ZIP + 4: PHONE:

NAME: TITLE:

HOME ADDRESS: DATE OF BIRTH:

CITY, STATE, ZIP + 4: PHONE:

REPORTING FREQUENCY:

MONTHLY _____ QUARTERLY _____ ANNUAL _____

QUARTERLY FILING ALLOWED IF TAX COLLECTED IS UNDER \$50.00 PER MONTH. ANNUAL FILING BY PERMISSION ONLY.

PERSON TO CONTACT ABOUT YOUR TAX RETURN: PHONE:

FILING PREFERENCE (IF YOU HAVE MORE THAN ONE LICENSE AND/OR LOCATION): EACH LOCATION _____ CONSOLIDATED _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE:

TITLE:

DATE:

FOR OFFICE USE ONLY ACCOUNT NUMBER: _ _ _ _ _ REPORTING FREQ: _ AUDIT FREQ: _ _ SIC: _ _ _ _ _

GEO CODE: _ _ _ _ _ STATUS: _ OTHER TAX: _ PREFILING DATES: _ _ / _ _ _ _ / _ _ USE TAX FORM: _

330 S. College Avenue • P.O. Box 580 • Fort Collins, CO 80522-0580 • (970) 221-6780 • FAX (970)-221-6247