



Financial Services
 Sales Tax Division
 215 North Mason Street, 2nd Floor
 P.O. Box 580
 Fort Collins, CO 80522
970.221.6780
 970.221.6782 - fax
fcgov.com/salestax

APPLICATION FOR EXEMPTION FROM THE CITY OF FORT COLLINS SALES TAX
 (As required by Section 25-94 of the City of Fort Collins City Code)

Please refer to the instructions on the back of this form.

PLEASE TYPE OR PRINT:

Name of Organization: _____

Address: _____
Street City Zip Code

Telephone: _____ Fax Number: _____ Location of Records: _____

Email Address: _____

Organization located within city limits of Fort Collins? (Circle one) Yes No

Officers: (If more than three, please provide additional list)

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Date Organized: _____ Date Began Activities: _____

Brief statement regarding activities: _____

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

Note: Section 25-94(c) provides that your organization provide complete reports of all purchases if requested.

INSTRUCTIONS:

- 1) List all officers of your organization.
- 2) Attach copies of the following documents:
 - Articles of Incorporation.
 - Federal tax exemption letter and forms required by Internal Revenue Service Code Section 501(c)(3). (Form 1023)
 - Bylaws.
 - Colorado Certificate of Incorporation.
 - Copy of Colorado exemption certificate.
- 3) Submit financial statements showing source of funds and expenditures.
- 4) Return to the City of Fort Collins Sales Tax Office, P.O. Box 580, Fort Collins, CO 80522.

For Office Use Only

Date Approved

Date Disapproved

Signature _____
Financial Officer