



APPLICATION FOR LODGING TAX LICENSE

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD. PHONE (970) 221-6780 FAX (970) 221-6782

INSTRUCTIONS:

- 1. PLEASE PRINT OR TYPE INFORMATION. FORM MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL NOT BE PROCESSED.
2. SIGN AND RETURN TO: CITY OF FORT COLLINS / SALES AND USE TAX OFFICE
P.O. BOX 580 / 215 NORTH MASON STREET, 2ND FLOOR
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

TYPE OF BUSINESS: INDIVIDUAL PARTNERSHIP CORPORATION OTHER (SPECIFY)

BUSINESS NAME: CORPORATE NAME:

BUSINESS ADDRESS: MAILING ADDRESS:

CITY STATE, ZIP+4: CITY, STATE, ZIP + 4:

BUSINESS PHONE NUMBER: CORPORATE PHONE NUMBER:

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

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

NAME: TITLE:

HOME ADDRESS: DATE OF BIRTH:

CITY, STATE, ZIP + 4: PHONE:

EMAIL ADDRESS:

NAME: TITLE:

HOME ADDRESS: DATE OF BIRTH:

CITY, STATE, ZIP + 4: PHONE:

EMAIL ADDRESS:

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: