



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

RENEWAL 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 TYPE OR PRINT:

Name of Organization: _____

Address: _____
street city zip

Telephone: _____ Location of Records: _____

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

Organizers/Officers: (if more than three list on back of form)

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Has 501(c)(3) status changed in the last three years (Circle one) Yes No

Has the purpose of the organization changed (Circle one) Yes No If yes, please submit a statement of purpose.

****Attach a copy of your most recent annual financial statements.**

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

 Date Approved

 Date Disapproved

 Signature
 Sales Tax Manager

License Number: _____ Starting Date: _____ Ending Date: _____