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
salestax@fcgov.com

APPLICATION FOR SALES AND USE TAX LICENSE

Information on this application is public record. No License Fee Required.

BUSINESS INFORMATION		
Business Name:		
Doing Business As (DBA) (if applicable):		
Address:		
City:	State:	Zip + 4:
Contact Name:	Phone:	Fax:
Email:	Website:	
Is the business located within the city limits of Fort Collins? ☐ Yes ☐ No	Date business began operation in the city limits?	
Type: ☐ Individual ☐ LLC ☐ Partnership ☐ Corporation ☐ Other:_____	The business is: ☐ New ☐ Purchased	
Is this business located in a home? ☐ Yes ☐ No (If yes, call Zoning at 970-416-2745.)	Is this business locally owned?: ☐ Yes ☐ No	

PHYSICAL LOCATION INFORMATION		
Address:		Phone:
City:	State:	Zip + 4:

OWNER INFORMATION		
Name:		Title:
Address:		
City:	State:	Zip + 4:
Phone:	DOB:	Email:

OWNER INFORMATION (if more than two, list others on back of form)		
Name:		Title:
Address:		
City:	State:	Zip + 4:
Phone:	DOB:	Email:

FILING FREQUENCY	
☐ Monthly (tax collected is over $50 per month)	☐ Quarterly (tax collected is $25-$50 per month)
☐ Annual (tax collected is less than $25 per month)	

NAICS CODING (check which best describes your business activity)

☐ Apparel Stores	☐ Consumer Electronics	☐ General Retail	☐ Manufacturers	☐ Transportation
☐ Automotive	☐ Eating Places	☐ Home Furnishings	☐ Retail Building Material	☐ Utilities
☐ Computer Related	☐ Food Stores	☐ Hotels/Lodging	☐ Service	☐ Wholesale
☐ Construction	☐ Other:_____		NAICS Code if known_____	

DESCRIPTION OF YOUR BUSINESS

SIGNATURES

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true correct and complete.

Note: Issuance of the sales and use tax license does not supersede other City ordinances which may prohibit this type of business operation within the city limits of Fort Collins. Please consult your attorney for guidance.

Signature of Applicant:	Date:

FOR OFFICE USE ONLY: ACCOUNT NUMBER: __ __ __ __ __ REPORTING FREQ: __ NAICS: __ __ __ GEO CODE: __ __