



Financial Services
 Sales Tax Division
 P.O. Box 440
 Fort Collins, CO 80522
970.221.6780
 970.221.6782 - fax
fcgov.com/salestax

TEMPORARY SALES TAX LICENSE

Activity/Event: _____

Location of Activity/Event: _____

Date(s) of Activity/Event: _____

Business Name: _____

Phone: _____ Email Address: _____

Mailing Address: _____

Product/Service Provided: _____

A copy of this form needs to be submitted prior to the event.

This certifies that the licensee shown hereon is authorized to collect sales tax for the City of Fort Collins, Colorado, at the activity/event indicated above, in accordance with Chapter 25 of the City Code.

Michael Beckstead

Financial Officer
 City of Fort Collins

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT THE EVENT

SALES TAX RETURN

This sales tax return must be returned to the Sales Tax Office at the address listed above no later than **15 days after the event**, otherwise 10% penalty and 1% per month interest will be charged along with the tax due. If you did not sell anything at this event, you still need to file the return as a \$0.

Gross Sales \$ _____ X 3.85% = \$ _____ Sales Tax Due

I hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.

By _____

Title _____ Date: _____