



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

Temporary Sales Tax License

Please provide the following information along with payment of City of Fort Collins Sales Tax:

Taxpayer Name and Address:

Date(s) of Event: _____

Return Due Date: _____
 (Due the 20th of the month following the event)

Phone # _____ E-mail: _____

Event Name: _____

Event Location: _____

| | |
|---|--|
| Total Sales from the event | \$ _____ |
| Amount of Fort Collins Sales Tax- 4.35% of total sales (THIS IS THE TOTAL DUE) | \$ _____ |
| Taxpayer Signature | Under penalties of perjury, I declare I have examined this Temporary Sales Tax return and it is true and correct to the best of my knowledge and belief. |
| | _____ Signature Date |
| | _____ Printed Name |

Return this form with Check or Money Order to:

City of Fort Collins
 Sales Tax Department
 PO Box 440
 Fort Collins, CO 80522-0439