



**Financial Services**  
 Sales Tax Division  
 215 North Mason Street, 2<sup>nd</sup> Floor  
 P.O. Box 580  
 Fort Collins, CO 80522  
**970.221.6780**  
 970.221.6782 - fax  
[fcgov.com/salestax](http://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: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Has the purpose of the organization changed (Check 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: \_\_\_\_\_