

CITY OF CENTRAL
APPLICATION FOR SALES TAX LICENSE
Finance Department, P. O. Box 249, Central City, CO 80427
303-582-5251 ext. 102

If this is a renewal license, please include license number: _____ - _____ - _____

Indicate in proper space below the type of ownership:

Individual _____ Co-partnership or Company _____ Corporation _____ Association or Club _____

Specify other type _____

License to be issued in the name(s) of _____

Business Name _____

Business is located at _____

Mailing Address _____

Telephone Number _____

Contact Person _____

Date you began making sales in Colorado at this location _____

Nature of Business: What do you sell? _____ Wholesale _____ Retail _____

If seasonal, show months in which business will be conducted _____

Attached is a remittance in the sum of \$ _____ in payment of _____ license(s).

Filing Frequency: Monthly _____ Quarterly _____ Yearly _____

Do you need sales tax remittance forms? Yes _____ No _____

EACH LICENSE IS \$10.00 PER YEAR

Signature of Applicant _____

Printed name of Applicant _____ Title _____

Date: _____

DATE RECEIVED: _____ / _____ / _____	LICENSE MAILED: _____ / _____ / _____
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