



APPLICATION FOR DENVER SALES, USE, LODGER'S TAX LICENSE AND/OR OCCUPATIONAL TAX REGISTRATION

Mailing Address: City and County of Denver Treasury Division Wellington Webb Bldg. 201 W Colfax Ave., Dept 403 Denver, CO 80202-5329

THIS APPLICATION MUST BE COMPLETED IN FULL (THIS FORM HAS 2 SIDES). INCOMPLETE APPLICATIONS WILL BE RETURNED. A SEPARATE APPLICATION IS REQUIRED FOR EACH PLACE OF BUSINESS. IF YOU NEED ASSISTANCE, CALL 720-913-9400, OR VISIT OUR WEBSITE AT WWW.DENVERGOV.ORG/TREASURY FOR HELPFUL TAX INFORMATION.

1. BUSINESS INFORMATION

TRADE NAME, LEGAL NAME, WEBSITE

FEIN #, STATE SALES TAX #, NAICS #

(N. American Industry Classification System)

2. OWNERSHIP INFORMATION

- CORPORATION, S-CORPORATION, SOLE PROPRIETOR, PARTNERSHIP, NON PROFIT, GOVERNMENT, LLC (How do you declare with the IRS for Federal Income Tax filing?) Corporation, Partnership, Disregarded Entity HAS THIS BUSINESS BEEN LICENSED OR REGISTERED IN DENVER UNDER YOUR OWNERSHIP IN THE PAST? YES NO

ACCOUNT #:

3. OWNER / OFFICER INFORMATION (If needed, please list additional Owner / Officer Information on separate sheet.)

NAME, TITLE, ADDRESS, CITY, STATE, ZIP CODE

BUSINESS PHONE #1, BUSINESS PHONE #2, BUSINESS FAX, HOME PHONE, EMAIL

NAME, TITLE, ADDRESS, CITY, STATE, ZIP CODE

BUSINESS PHONE #1, BUSINESS PHONE #2, BUSINESS FAX, HOME PHONE, EMAIL

4. BUSINESS LOCATION INFORMATION (Do not use P.O. Box.)

ADDRESS, CITY, STATE, ZIP CODE

BUSINESS PHONE, BUSINESS FAX, EMAIL

5. BUSINESS MAILING INFORMATION (If different from Business Location Address.)

ADDRESS, CITY, STATE, ZIP CODE

6. TYPE OF BUSINESS

- RETAIL SALES, WHOLESALE SALES, MANUFACTURING, CONSTRUCTION, GOVERNMENT, SERVICE ONLY, OTHER DESCRIBE THE NATURE OF BUSINESS (PRODUCTS SOLD, SERVICES PROVIDED)

NUMBER OF EMPLOYEES WORKING IN DENVER BUSINESS START DATE IN DENVER

7. BUSINESS START UP INFORMATION (Business purchasers refer to bulletin TPS037 for important information regarding outstanding taxes due.)

- ACQUISITION (the purchase of an existing business's assets). The following information is required: Date of Sale: Total Purchase Amount: Furniture, Fixtures & Equipment Purchase Price: RELOCATION (existing business relocating into Denver) City and State relocating from: NEW START UP (new business not pre-existing in Denver) OTHER - Please Explain

OFFICIAL USE BELOW THIS LINE:

Reviewer Notes:

Entered into System By:

Account Number

System Entry Date:

