



Sales and Use Tax License Application

Corporate Name of Business	Trade (DBA) Name of Business
Federal Employee ID number	Colorado State Sales Tax Number
Address of Business	Business Mailing (Contact) Address
City, State, Zip Code	City, State, Zip Code
Business Phone Number	Mobile Number
Contact Name & Title	Email Address

Description of Business Activity: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mail/Internet Order |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Grocery | <input type="checkbox"/> Repairs |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Automobile Services | <input type="checkbox"/> Deliveries |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Liquor | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Leasing | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Communications |
| | <input type="checkbox"/> Mobile Food Truck | |
| <input type="checkbox"/> Other (specify) _____ | | |

FEE	<p>Application received through June 30th: \$15 fee (\$5 application fee and \$10 annual license fee)</p> <p>Application received July 1st through December 31st: \$10 fee (\$5 application fee and \$5 annual license fee), only as long as the application is received 30 days after the business begins taxable activity in the City.</p> <p>Please make checks payable to the City of Castle Pines</p>
------------	--

Signature of Officer/Member/Owner	Date
Printed Name	Title

(FOR CITY USE ONLY) License Number: _____ Date Received: _____ Date Paid: _____

Total Amount Due: \$ _____ Total Amount Paid: \$ _____ **Balance Due: \$ _____**

Cash Credit Card Check # _____ Staff Initials: _____