

MAIL APPLICATION AND FEE TO:

SALES TAX & LICENSING DIVISION
 749 MAIN STREET
 LOUISVILLE, CO 80027
www.louisvilleco.gov



CONTACT INFO:

EMAIL salestax@louisvilleco.gov
 PHONE (303) 335-4524 or 4570
 FAX (303) 335-4527

20___ SALES/USE TAX LICENSE APPLICATION

License Fee \$25.00

1 Trade (DBA) Name of Business		
Taxpayer Name Owner(s), Partner(s), or Corporation		
Business Location Address -Street, City, State, Zip-		
Mailing Address -Street, City, State, Zip-		
Local Business Phone	Local Business Fax	Business Email
Licensing Office Phone	Licensing Office Fax	Licensing Office Email
Tax Office Phone	Tax Office Fax	Tax Office Email
Owner Name, Phone, & Address (Or attach officer listing)		

2 Type of Ownership	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S. Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (Please Specify) _____		
Business Description (Required)			
Primary Business Type	<input type="checkbox"/> Apparel/Accy's <input type="checkbox"/> Bldg Materials (Retail or Time & Materials) <input type="checkbox"/> Construction (Lump Sum) <input type="checkbox"/> Comm/Util/Trans <input type="checkbox"/> Consulting/Software <input type="checkbox"/> Eating/Drinking <input type="checkbox"/> Finance/Leasing <input type="checkbox"/> Food Stores <input type="checkbox"/> Furniture/Appliance <input type="checkbox"/> Gen Merchandise <input type="checkbox"/> Manufacturing <input type="checkbox"/> Pers/Bus Services <input type="checkbox"/> Wholesale <input type="checkbox"/> Other (Please Specify) _____		
Federal Tax I.D.			
Colorado State Sales Tax #			
Sales/Use Tax Filing Period	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual \$100 or more/mo \$99 or less/mo \$50 or less/yr \$25 or less/yr		
Do you want us to mail you City tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blank and self-calculating City tax returns are available on-line at www.louisvilleco.gov	
Date Business Started/Will Start, or Date of First Sale in Louisville			
Is Your Business Physically Located in the City of Louisville	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" you must sign this page and complete Page 2. If "No" please sign and date application and submit with fee.	

3 I declare under penalty of perjury that the statements made in this application are true and complete to the best of my knowledge.	
Applicant or Authorized Agent Signature	Date _____
Applicant Name (PRINT)	<input type="checkbox"/> New Application
Applicant Title	<input type="checkbox"/> Renewal



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(This form is ONLY for businesses and home occupations with a physical location in Louisville)

4	Trade (DBA) Name of Business			
	Louisville Location Address -Street, City, State, Zip-			
	CEO Name, Address, Phone, Email			
	Manager/Administration Name, Address, Phone, Email			
	Company Web Site	Years in Current Location	Previous Address	
	Number of Employees in Louisville	Full-Time	Part-Time	Seasonal

5	Do you Own or Lease your Building? <input type="checkbox"/> Own <input type="checkbox"/> Lease (if leased, please complete landlord information)		
	Landlord Name, Address & Phone for this Louisville Location:		
	Type of Business/Sales (Detailed Description of Business Operations)		
	Total Square Footage of Location:		Will there be changes or modifications to this site? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you report hazardous materials under EPCRA or 112R? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of MSD Sheets and/or on-site Hazmat Inventory List	
	Normal Business Hours	Who should the City contact for a site visit?	

6	Home Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, total finished square footage of this home in Louisville:	Total finished square footage of work area:	
By signing this application, you agree to the conduct your home-based business subject to the terms and limitations described in Section 17-16-040 of the Louisville Municipal Code. It is the applicants responsibility to review the Code.			

7	Date this business was purchased:	Did the sale include any assets, equip, or similar? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Former Name of Business (At this location)	
	Emergency Contact & Phone#	
	Burglar Alarm (Name & Phone)	
	Fire Alarm (Name & Phone)	
	FOR CITY USE ONLY	

8	Signature/Comments		
	Planning <input type="checkbox"/> Yes <input type="checkbox"/> No		