

**MAIL APPLICATION AND FEE TO:**

SALES TAX & LICENSING DIVISION  
 749 MAIN STREET  
 LOUISVILLE, CO 80027  
[www.louisvilleco.gov](http://www.louisvilleco.gov)



**CONTACT INFO:**

EMAIL [salestax@louisvilleco.gov](mailto: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 <a href="http://www.louisvilleco.gov">www.louisvilleco.gov</a>	
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