

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



CONTACT INFO:
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20____ SALES/USE TAX LICENSE APPLICATION
(\$0.00 License Fee)

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	☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ S. Corp ☐ LLC ☐ Non-Profit ☐ Other (Please Specify) _____		
	Business Description (Required)			
	Primary Business Type	☐ Apparel/Accy's ☐ Bldg Materials (Retail or Time & Materials) ☐ Construction (Lump Sum) ☐ Comm/Util/Trans ☐ Consulting/Software ☐ Eating/Drinking ☐ Finance/Leasing ☐ Food Stores ☐ Furniture/Appliance ☐ Gen Merchandise ☐ Manufacturing ☐ Pers/Bus Services ☐ Wholesale ☐ Other (Please Specify) _____		
	Federal Tax I.D.			
	Colorado State Sales Tax #			
	Sales/Use Tax Filing Period	☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ 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?	☐ Yes ☐ 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	☐ Yes ☐ 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)	☐ New Application
	Applicant Title	☐ Renewal