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) 335-4516

City of Louisville

20____ SPECIAL EVENTS SALES TAX LICENSE APPLICATION

Sales Tax 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**
	Sales Tax Office Phone	**Sales Tax Office Fax**	**Sales Tax Office Email**
	Owner Name, Phone #, & Address		

2	**Participating Event(s)**	☐ Street Faire ☐ 4th of July ☐ Other (please specify) ☐ Farmer's Mkt ☐ Taste of Louisville
	Business Description: **(Required)**	
	Type of Ownership	☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ S. Corp ☐ LLC ☐ Non-Profit ☐ Other (Please Specify)
	Federal Tax I.D	
	Colorado State Sales Tax #	
	Please mark your sales tax filing frequency in the box below:	
	Sales Tax Filing Period	☐ **Monthly** — $2,857 in sales or more/mo ☐ **Quarterly** — $2,857 in sales or less/mo
	Event Participation Months	☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ Jul ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec
	For event participation months please only check the months that you will be participating in the event. You will not be required to file tax return outside the months marked above.	
	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	

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**