

TAXPAYER INFORMATION

Vendor Name _____

Trade Name
(If applicable) _____

Address _____

City _____ State _____ ZIP Code _____

EVENT INFORMATION

1. Name of Event _____

2. Location of Event _____

3. Date(s) of Event _____

4. Nature of Business _____

Colorado State Sales Tax License # _____

I declare, under penalty of perjury in the second degree, that this application has been examined by me, that the statements made herein are made in good faith pursuant to Colorado tax laws and regulations and to the best of my knowledge and belief are true, correct and complete.

Signature of applicant _____

Printed name _____ Date _____

Home phone _____ Business phone _____

Email address _____

GENERAL INFORMATION

A tax license assigns you the right and the obligation to collect taxes for the City of Littleton. Taxes collected are monies held in trust by you. It is your responsibility to adequately account for and remit these funds.

A **SPECIAL EVENT TAX RETURN** is required to be filed after the event. The due date for special event returns is the 20th of the month following the event. If not remitted by the due date, there is a penalty of 10%, plus interest of 1% per month.

Mail completed forms to:

City of Littleton
Department of Finance
2255 W. Berry Ave.
Littleton, CO 80165

If you have questions or need assistance, please contact:

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