



Business & Sales/Use Tax License Application

Finance Department
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In order to ensure legibility, please fill in fields using PDF reader. Incomplete registrations may be returned.

PART A - Registrant Information	1) Legal Name of Business (First and Last Name if Individual). Repeat on Page 2		CITY USE ONLY	
	2) Trade Name (DBA) of Business		License #	
	3) Federal Employer ID		4) Colorado Sales Tax Account #	
	5) Estimated Opening Date (If not yet open)		6) Date Business Opened	
	7) Reason for Filing (check only one) <input type="checkbox"/> New Registration (Including registration of new location) <input type="checkbox"/> Update Information for License #: _____ <input type="checkbox"/> Business Purchased or Merged <input type="checkbox"/> Change in Legal Form		8) Legal Form (check only one): <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation (Including PC) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership (General or Limited) <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____	
	9) Location/Account Type (check only one): <input type="checkbox"/> Commercial (Including retail, office, and industrial locations) <input type="checkbox"/> Home Occupation (additional application required) <input type="checkbox"/> Out of City Location(s) (proceed to line 17) <input type="checkbox"/> Catalogue or Internet Sales Account (proceed to line 17) <input type="checkbox"/> Short Term Rental of Residential Property			
			Zoning Approval	

PART B - Address & Contact Information	Business Location Information			
	<i>Out of City, Catalogue, and Internet accounts proceed to line 17</i>			
	10) Location Manager Name		11) Location Phone Number	12) Location Fax Number
	13) Location Street Address with Suite Number (No PO Boxes)		14) Alternate Phone Number Cell) _____ Other) _____	
	15) City	16) State	17) Zip Code	18) E-mail Address
	Onsite Manager (Office/Store)			
	<i>NOTE: In case of an emergency, police and fire departments need to know who to contact for information and access to premises.</i>			
	19) Onsite Manager Name		20) Onsite Phone Number	21) Onsite Cell Phone
	22) Onsite Email		23) Hours onsite:	
	Licensing/Tax Information			
<i>NOTE: This designee is a separate contact who will receive information on tax returns, delinquent notices, etc. Your designee will change only if/when notification is made in writing by an owner/office/partner/member.</i>				
24) Send Licensing/Tax Correspondence Care Of		25) Licensing/Tax Phone Number	26) Licensing/Tax Fax Number	
27) Address where Tax Records may be Inspected		28) Mailing Address for Licensing/Tax Correspondence		
		29) City	30) State 31) Zip Code	


This form has 2 pages. Both pages must be completed. Incomplete registrations may be returned.

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32) Legal Name of Business (From Part A, Line 1)

PART C - Officers	33) Name of principal officer, owner, partner or member	34) Title	35) Phone Number	
	36) Address of principal residence	37) City	38) State	39) Zip Code
	40) Email address			
	41) Name of other officer, owner, partner or member	42) Title	43) Phone Number	
	44) Address of principal residence	45) City	46) State	47) Zip Code
	48) Email address			
<i>Additional officers, owners, partners or members may be included on attachments.</i>				

PART D - Business Inception & Operations	49) Legal Name of Former Owner (if purchased or merged)		50) Former License # (if known)	51) Purchase/Merge Date
	52) Start Date in Littleton	53) Did the purchase price include fixed assets, machinery or equipment? <input type="checkbox"/> Yes <i>If "Yes", a Consumer Use Tax Return must be filed.</i> <input type="checkbox"/> No		
	54) Website	55) Is this business a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Employees at this Location <i>(Including owner(s) working on premises)</i>
	58) Do you lease or own your building? <input type="checkbox"/> Lease <input type="checkbox"/> Own <i>Approximate sq. ft. of business:</i>		56) Full Time: 57) Part Time:	
	59) Primary Business Type (check only one)			
	<input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing or Processing <input type="checkbox"/> Financial Institution <input type="checkbox"/> Wholesale <input type="checkbox"/> Professional Service (Attorney, Physician, Dentist, etc.) <input type="checkbox"/> Leasing <input type="checkbox"/> Hospitality or Entertainment <input type="checkbox"/> Service (Daycare, Cleaning, Handyman, etc.) <input type="checkbox"/> Government/Non-Profit <input type="checkbox"/> Construction			
	60) Description of Goods Sold or Services Provided			
	61) Do you have other locations in Littleton? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", a separate application must be completed for each location.</i>			
62) Requested Reporting Frequency		63) Estimated Gross Annual Sales		
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <i>All businesses, including those that do not have taxable sales, will likely have a use tax liability.</i>		<div style="border: 1px dashed black; padding: 5px; text-align: center;"> Every business must file at least annually, even if no tax is due. </div> <input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> \$1,000,000 - \$2,500,000 <input type="checkbox"/> \$2,500,000 - \$5,000,000 <input type="checkbox"/> Above \$5,000,000		

Signature of Registrant or Authorized Agent	Under penalties of perjury, I declare that I have examined this Business & Sales/Use Tax application and it is true and correct to the best of my knowledge & belief. I understand that this document is subject to disclosure under the Colorado Open Records Act.	
	 _____ Signature	_____ Date
	_____ Printed Name	_____ Title