

APPLICATION FOR SALES TAX LICENSE

CITY OF GRAND JUNCTION CUSTOMER SERVICE DIVISION (SALES TAX)
250 NORTH FIFTH STREET, GRAND JUNCTION, COLORADO 81501 (970) 244-1521

A \$10 NON-REFUNDABLE APPLICATION FEE MUST BE PAID WITH THE APPLICATION
NOTE: application for License will be rejected unless all questions are fully answered.

1. BUSINESS OWNER _____

2. TRADE NAME/DOING BUSINESS AS (DBA) _____

3. BUSINESS LOCATION _____
Street Address City State Zip

4. MAILING ADDRESS _____
P.O.Box or Street Address City State Zip

5. Business Location PHONE _____ Accounting PHONE _____

6. FEDERAL ID # _____ OR SOC. SEC. # _____

7. Indicate type of ownership: _____ What do you sell?
INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

8. A. STARTING DATE OF RETAIL SALES IN GRAND JUNCTION: _____

B. HAVE YOU HAD PREVIOUS CITY TAXABLE SALES: YES NO

C. HAVE ALL OUTSTANDING TAXES BEEN FILED AND PAID: YES NO

9. HOW MANY LOCATIONS WILL YOU HAVE IN THE CITY OF GRAND JUNCTION? _____
SEPARATE APPLICATIONS ARE REQUIRED FOR EACH PLACE OF BUSINESS!!!!

10. LIST ANY SALES TAX LICENSES HELD WITH THE CITY OF GRAND JUNCTION CURRENTLY AND
IN THE LAST THREE YEARS _____

11. ESTIMATE YOUR MONTHLY AMOUNT OF **CITY TAXABLE SALES** \$ _____

12. DO YOU HAVE A FILING PREFERENCE (CIRCLE ONE) MONTHLY QUARTERLY ANNUAL

NAME (please print) _____ **TITLE** _____

SIGNATURE _____ **DATE** _____

*****OFFICIAL USE ONLY*****

FILING STATUS: MONTHLY _____ QUARTERLY _____ ANNUAL _____

INITIAL USE YES _____ NO _____ **WHY** _____

APPROVAL>>> PLANNING: _____ **FINANCE:** _____

REC/DATE REC/BTCH#

SYSTEM INPUT
BOOKLET ISSUED
LICENSE MAILED
MO QTR ANNL