Town of Castle Rock

Sales Tax Administration

100 N. Wilcox St. Castle Rock, CO 80104 Internet: www.crgov.com/tax

Email: towntax@crgov.com Phone: (303) 660-1397 Fax: (303) 660-5310

BUSINESS AND TAX LICENSE APPLICATION

FOR TOWN USE ONLY

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GEO CODE _____ **NAICS CODE** _____

FINANCE _____ **ZONING** _____

Application for one of the following:

- ❒ Business and Tax License ($10 Annual Fee)
- ❒ 501(c)(3) Exempt Organization (No Fee)

✦REQUIRED ITEMS – PLEASE FILL OUT ALL OTHER APPLICABLE ITEMS – THIS APPLICATION ITSELF IS NOT PUBLIC RECORD

Business Information

✦TRADE (DBA) NAME OF BUSINESS				
✦TAXPAYER NAME (Owner(s), Partner(s), or Corporation name)				
✦BUSINESS LOCATION ADDRESS (No PO Box)		✦CITY	✦STATE	✦ZIP + 4
✦MAILING ADDRESS		✦CITY	✦STATE	✦ZIP + 4
LOCAL BUSINESS PHONE	LOCAL FAX	MAIN OFFICE PHONE	MAIN OFFICE FAX	MAIN OFFICE EMAIL
✦CONTACT NAME	✦CONTACT PHONE NUMBER	CONTACT FAX NUMBER	CONTACT EMAIL	
✦FEDERAL IDENTIFICATION NUMBER (or Social Security Number – Confidential)		✦STATE OF COLORADO SALES TAX NUMBER (For all retail and exempt businesses)		

Ownership Information

✦TYPE OF OWNERSHIP

❒ Individual ❒ Partnership ❒ LLP or LLLP ❒ LLC ❒ Corporation ❒ Government ❒ Non-Profit 501(c)(3) ❒ Other Non-Profit ❒ Other _____

✦COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (Use additional sheet if necessary)

1) NAME	TITLE	HOME PHONE (Confidential)	DATE OF BIRTH (Confidential)
HOME ADDRESS	CITY	STATE	ZIP
2) NAME	TITLE	HOME PHONE (Confidential)	DATE OF BIRTH (Confidential)
HOME ADDRESS	CITY	STATE	ZIP
3) NAME	TITLE	HOME PHONE (Confidential)	DATE OF BIRTH (Confidential)
HOME ADDRESS	CITY	STATE	ZIP

(Complete reverse side of this page)

Purchase of Business

IF YOU PURCHASED THE BUSINESS IN WHOLE OR PART, COMPLETE THE FOLLOWING: (All price information in this section is confidential information)

DATE OF ACQUISITION	PRIOR LICENSE NUMBER	PURCHASE PRICE OF BUSINESS	PRICE OF PERSONAL PROPERTY (Fixtures and equipment)

PRIOR OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

Other Locations in Town

IF YOU HAVE OTHER BUSINESSES LOCATED IN THE TOWN, COMPLETE THE FOLLOWING: (Reporting for these businesses may be consolidated onto one return)

1) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER
2) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER
3) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER

General Business Info

(Businesses located in a commercial area of the Town must fill out all items in this section)

✦SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED:

✦TYPE OF BUSINESS (Check all that apply)

❒ Retail	❒ Wholesale	❒ Manufacturing	❒ Service	❒ Construction	❒ Home Occupation
❒ Communications	❒ Medical	❒ Mail/Internet Order	❒ Leasing	❒ Restaurant	❒ Office Only

✦START DATE OF BUSINESS IN TOWN	SQUARE FEET OF TOWN LOCATION	NUMBER OF EMPLOYEES IN TOWN	MANAGER'S NAME IN TOWN

DO YOU OWN OR LEASE YOUR BUILDING? (For businesses located in Parker) ❒ Own ❒ Lease

LESSOR NAME	LESSOR ADDRESS	CITY	STATE	ZIP

Filing Information

FILING FREQUENCY OF SALES TAX:

❒ Monthly (if tax is *more* than $300 per month)
❒ Quarterly (if tax is *less* than $300 per month)
❒ Annually (if tax is *less* than $10 per month)

❒ No sales tax collected, so therefore I do not need to submit a sales tax return

IF BUSINESS IS SEASONAL, CHECK EACH MONTH OPEN FOR BUSINESS:

❒ Jan ❒ Feb ❒ Mar ❒ Apr ❒ May ❒ June ❒ July ❒ Aug ❒ Sep ❒ Oct ❒ Nov ❒ Dec

❒ CHECK BOX IF YOUR COMPANY CREATES ITS OWN TAX RETURNS AND DOES NOT NEED THE TOWN TO SUPPLY THEM

Signature

I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I understand that while this document is not public record by itself, non-confidential items are public record. All confidential items on this application are noted as being confidential.

✦APPLICANT'S SIGNATURE	✦PRINTED NAME	✦DATE