



**CITY OF LAKEWOOD REVENUE DIVISION
480 S. ALLISON PARKWAY
LAKEWOOD, CO 80226
303-987-7630**

REQUEST FOR CERTIFICATE OF TAXES DUE

Legal Business Name: _____ **Date:** _____

D. B. A.: _____

City of Lakewood Sales Tax License #: _____

Business Address: _____

Telephone Number: _____

TO BE COMPLETED BY PERSON REQUESTING INFORMATION

I hereby certify and represent that I am the _____ of the above named business and am an authorized person under 38-25.5-101(1) C.R.S., and thereby enabled to request this tax information.

*Note: If Sales, Use, or Accommodations tax information is requested, this form must be signed by an **OWNER OF THE BUSINESS** before we release to buyer. Any taxes being paid during the process of application for a liquor license must be by certified funds.

Transferor Information: (Seller) Mailing Address: _____
Home Address of Principal Officer: _____
Telephone Number: _____
Signature: _____
Printed Name and Title: _____

Transferee Information: (Buyer) Mailing Address: _____
Home Address of Principal Officer: _____
Telephone Number: _____
Signature: _____
Printed Name and Title: _____

Closing Information: Attorney for Transferor: _____
Attorney Address: _____
Telephone Number: _____
Attorney for Transferee: _____
Attorney Address: _____
Telephone Number: _____
Closing Date: _____
Agreed Purchase Price on Personal Property: _____

Buyer must remit Use Tax on the purchase of tangible personal property within (10) ten days of closing.

This form must be filled out completely for your request to be processed. Under normal circumstances your Certificate of Taxes Due will be ready within (2) two to (5) five business days. Please note that there is a \$10.00 processing fee for each specifically identified tax.

Fees Paid: _____ **Date of Payment:** _____ **Receipt #:** _____