

Mail To: City of Lakewood
Department of Finance
480 South Allison Parkway
Lakewood Colorado 80226-3127

## Application for Sales and Use Tax License 303-987-7630 PHONE

303-987-7057 TDD www.lakewood.org



	This application is for a City of Lakev						ode, build	ıng cod	e or license	approvai	s may be nec	essary		
Type	PLEASE MARK WHICH LICENSE YOU ARE APPLYING F  SALES TAX LICENSE (Retail) - \$15.00 fee USE TAX LICENSE (S						- No fee		PLE	PLEASE COMPLETE THE APPLICATION IN FULL				
Ę	TYPE OF OWNERSHIP: SOLE PROPRIETOR PARTNERSHIP					CORPORATION			_C	OTHER				
	FEDERAL IDENTIFICATION NUMBER (or Social Sec	urity Num	ber - Confid	lential):	STATE	OF COLORA	ADO SALES	TAX NUMI	BER (for all reta	il businesses	):			
	LEGAL CORPORATE NAME:													
tion	TRADE NAME / DBA - Doing Business As:													
forma	·													
Business Informatior	PHYSICAL BUSINESS ADDRESS (No PO Box):						CITY:			STATE:	ZIP:			
Busi	MAILING ADDRESS - If different than business address:						CITY:				ZIP:			
	BUSINESS CONTACT NAME: PRIMARY BUSINESS CONTACT PHONE #						EMAIL ADDRESS:							
	NAME .			RI	EGISTER	ED AGENT								
	NAME:													
c	ADDRESS: CITY:						STATE:	ATE: ZIP:		PHONE:				
natio	COMPLETE THE FOLLOWING FOR ALL OWNERS/OFF										AL FORM			
Inforn	NAME:	TITLE:		DATE OF BI	RTH (Confi	idential):	SOCIAL SEC	CURITY #	(Confidential):	EMAIL ADD	RESS:			
Ownership Information	HOME ADDRESS (Confidential):						STATE:	ZIP:		HOME PHONE:				
ŏ	NAME:	TITLE: DATE OF BIRTH (Con					SOCIAL SEC	CIAL SECURITY # (Confidential)		EMAIL ADDRESS:				
	HOME ADDRESS (Confidential):						STATE:	TATE: ZIP:		HOME PHONE:				
	DATE BUSINESS STARTED / WILL START IN LAKEWOOD: (Required)						UILDING TYPE: COMMERCI			RES	IDENTIAL			
	DATE BOOMEGO STARTED / WILL START IN LAREWOOD. (Required)					RENT OR OWN: RENT				OWN				
	FILING FREQUENCY FOR RETAIL / SERVICE BUSINESSES: All retail business are initially assigned monthly filing status until one year of reporting history is established. Your filing frequency						NATURE OF BUSINESS (Check all that apply):							
uc	may then be adjusted as defined below.						RETAIL		<u></u> !	WHOLESALE				
mati	MONTHLY - (\$300/month or more)  QUARTERLY - (\$300/month or less)						MANUFACTURING CONSTRUCTION			SERVICE COMMUNICATION				
Info	ANNUAL - (\$180/year or less)	ANNUAL - (\$180/year or less)				MAIL ORDER			FINANCE/INSURANCE/REAL ESTATE					
<b>General Information</b>	SEASONAL - Start Mo End Mo OFFICE ONLY  PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PRODUCTS AND OR SERVICES YOUR BUSINESS WILL PROVIDE:									INTERNET				
Ö														
	Do you intend to sell medical marijuana?						No Care-giver Facili			ty License #				
ě	Former Owner's Name Former Owner's License No									Prior to purchasing an existing business you				
Purchase	Name of Business						Purchase		/	may obtain a certificate of tax status from the Revenue Division for a nominal fee. This will ensure that you are not held liable for any				
F	Did the purchase price include fixed assets, machinery, or equipment?							Value \$ _		outstanding taxes.				
ture	declare, under the penalty of perjury in the second degree, that this application has been examined by me (owner, officer or registered agent), that the statements made herein are made in good faith pursuant of Colorado tax laws and regulations, and to the best of my knowledge and belief, are true, correct, and complete. This application is for a City of Lakewood tax license ONLY. Additional zoning code, building ode or license approvals may be necessary.													
	Code or license approvals may be necessary.           SIGNATURE:         DATE:													
Signature	SIGNATURE:					TITLE:				DAIL				
Sign	SIGNATURE:					TITLE:								
		CIT	Y USE O	NLY		TITLE:			Input dat	e:				
									Input dat	e:				
				NLY enied	_				Input dat	e:				
City Code Approval Signa		oved	De			Reviewer			Input dat Input by: Check #:	e:	ISE NUMBER			