



# CITY OF CAÑON CITY

Sales Tax Division  
128 Main Street  
P. O. Box 1460  
Cañon City, CO 81212-1460

Phone: (719) 276-5252  
Fax: (719) 269-9006

CITY USE ONLY	
License No.	
Location No.	
SIC No.	
Frequency	
Home Occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Vendor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Zoning Approval	___/___/___ by _____

## SALES TAX LICENSE APPLICATION

It is important that you complete all sections

Please print clearly and check the type of license requested.

License Fee: \$10.00 / Per Calendar Year

Type of Application: Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Service \_\_\_\_\_

Describe what you sell: \_\_\_\_\_

### BUSINESS INFORMATION

Trade Name of Business (D B A): \_\_\_\_\_

Taxpayer Name (owner, partner or corporate name): \_\_\_\_\_

Location Address of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Accounting Records Can Be Examined At: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ e-mail address \_\_\_\_\_

Colorado Sales Tax License # (account #) \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_

First Day of Business in Cañon City: \_\_\_\_\_

### FILING FREQUENCY

Retail Business Licenses (please indicate which filing frequency applies to you):

If sales tax collected is estimated at:

\_\_\_ \$300 or more per month-Monthly     \_\_\_ \$15-\$25 per month – Semi-Annually

\_\_\_ \$25-\$300 per month-Quarterly     \_\_\_ \$0-\$15 per month Annually

CHECK ONE:	
___	Please send pre-printed returns.
___	We will file our own similar, Computer-generated returns.

If this is a liquor/beer establishment give City and State License numbers:

City: \_\_\_\_\_ State: \_\_\_\_\_

Will you have any amusement devices located on your premises?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", how many? \_\_\_\_\_

**OWNERSHIP INFORMATION**

If you acquired the business in whole or in part, complete the following:

Prior Owner's Name: \_\_\_\_\_ Date of Acquisition: \_\_\_\_\_

Prior Owner's Address: \_\_\_\_\_

Price of Personal Property (Fixtures & Equipment): \$ \_\_\_\_\_

Indicate Type of Ownership:

- Sole Proprietorship       Corporation       Partnership       Limited Liability Co
- Other       Non-Profit 501 (c) 3      (Attach copy of IRS letter of exemption)

(1) Owner/Corporate Officer/Partner \_\_\_\_\_  
 Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address (Residence or P O Box, Street, City, State, Zip): \_\_\_\_\_  
 Telephone Number: (    ) \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

(2) Owner/Corporate Officer/Partner \_\_\_\_\_  
 Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address (Residence or P O Box, Street, City, State, Zip): \_\_\_\_\_  
 Telephone Number: (    ) \_\_\_\_\_ Drivers License Number: \_\_\_\_\_  
 Attach Supplementary List If Needed

**THE CITY MUST BE MADE AWARE OF ANY CHANGES TO THIS ACCOUNT**

I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the City of Cañon City tax laws and ordinances and, to the best of my knowledge and beliefs, are true, correct and complete.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by owner or Corporate Officer)

Print Name: \_\_\_\_\_

ALL APPLICATIONS MUST BE SIGNED AND INCLUDE THE \$10.00 LICENSE FEE

**Facility Information:**

Own \_\_\_\_\_

Lease: \_\_\_\_\_

If leased please provide the following:

Name of owner: \_\_\_\_\_

Address (P O Box, Street, City, State, Zip) \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

**FOR FINANCE USE ONLY**

Authorized By: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_ Approved By: \_\_\_\_\_ Date \_\_\_\_\_