



*Sales Tax
Division*

City of Cañon City

P.O. Box 1460 – 128 Main Street – Cañon City, CO 81215-1460

(719) 276-5252 – Fax: (719) 269-9006

BASIC GUIDELINES FOR A CAÑON CITY SALES TAX LICENSE

**The deposit of \$20.00 does not guarantee the issuance of the sales tax license.
A Sales Tax License will be issued upon approval of the Finance Director.**

1. A City Sales Tax license is required for vendors who are selling, leasing, renting, delivering, or installing tangible personal property for storage, use, or consumption within the City limits.

2. If the vendor will be selling food, a copy of the state food license must be furnished. Contact Fremont County Health Officer, Sid Darden at the Fremont County Court House, 615 Macon, Cañon City, CO 81212 . Phone (719) 276-7361

3. For vendors who purchase an existing business, all tax returns and payments must be current.

If the existing business does not pay the sales tax, it is the purchaser's responsibility to pay the back sales taxes. (City Code: 3.12.130)

The reporting period for the sales tax return shall end on the date of the transfer of ownership of the business. A final sales tax return and any taxes owed are due ten days after close of the existing business.

4. Any vendor who purchases a business inside the City limits shall file an initial sales tax return. Sales tax shall be due on tangible personal property (tangible assets such as equipment, etc.), except inventory, which is acquired with the purchase of the business. (City Code: 3.12.130)

5. All Sales Tax Applications must be approved by City Planning and Zoning.

6. The Sales Tax License fee is \$20.00 per calendar year (Renewals due no later than January 31). **NOTE:** A \$25 late renewal fee, in addition to the license fee of \$20, will be charged if renewal is received or postmarked after January 31 but before March 1 (\$45 total). A \$100 administrative penalty fee, in addition to the \$20 licensing fee, will be charged for every business that fails to renew prior to March 1, or operates without a sales tax license. (\$120 total)

7. SALES TAX RATES: State: 2.9% Fremont County: 1.5% Cañon City: 2%

OTHER CITY LICENSES

If the vendor is making a one time sale and/or outdoor retail sales, a Temporary Sales Tax Application, Property Permission for Retail Sales, and an Outdoor Retail Sales Permit needs to be completed.

Other businesses for which a license/permit may be required include: liquor-selling establishments, auctioneers, junk dealers, peddlers/door-to-door sales, pawnbrokers, trash haulers, secondhand dealers, flea market businesses, tree-trimming businesses, sexually-oriented businesses, merchant patrol/security guard services, sign companies, and building and trade contractors. Please contact the City Clerk's Office at (719) 269-9011 for further information regarding these licenses.



CITY OF CAÑON CITY

Sales Tax Division
128 Main Street
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Cañon City, CO 81212-1460

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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: \$20.00 / 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: All sales tax filers are required to file on a monthly basis.

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

If this is a liquor/beer establishment or medical marijuana establishment give City and State license/permit numbers:

(Contact City Clerk's Office with questions regarding these licenses: 269-9011)

City: _____

State: _____

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) Authorized Individual for making inquiries and/or changes to the sales tax account
 Name: _____
 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 WITHIN 30 DAYS

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 \$20.00 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** _____