



City of Cañon City

Finance Department, Sales Tax Division
PO BOX 1460
Cañon City, CO 81215-1460
Phone: (719) 276-5252
Located at:
128 Main St.
Cañon City, CO 81212-1460

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 AND USE 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 _____ Use _____ Service _____

Describe your business: _____

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/USE TAX FILERS ARE REQUIRED TO FILE & PAY ONLINE ON A MONTHLY BASIS.

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 (Provide List of 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 # () _____ Drivers License Number: _____

(2) Authorized Individual for making inquiries and/or changes to the sales tax account

Title: _____ Social Security #: _____

Address (Residence or P O Box, Street, City, State, Zip): _____

Telephone # () _____ 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 _____