Revised 09-2014

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

Lakewood BusinessPro
A fast, simple and convenient way to file and manage your taxes

This application is for a City of Lakewood tax license ONLY. Additional zoning code, building code or license approvals may be necessary.

Type

PLEASE MARK WHICH LICENSE YOU ARE APPLYING FOR:

☐ SALES TAX LICENSE (Retail) - **$15.00 fee** ☐ USE TAX LICENSE (Service Only) - **No fee**

PLEASE COMPLETE THE APPLICATION IN FULL

TYPE OF OWNERSHIP:

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER

Business Information

FEDERAL IDENTIFICATION NUMBER (or Social Security Number - Confidential):		STATE OF COLORADO SALES TAX NUMBER (for all retail businesses):	
LEGAL CORPORATE NAME:			
TRADE NAME / DBA - Doing Business As:			
PHYSICAL BUSINESS ADDRESS (No PO Box):		CITY:	STATE: / ZIP:
MAILING ADDRESS - If different than business address:		CITY:	STATE: / ZIP:
BUSINESS CONTACT NAME:	PRIMARY BUSINESS CONTACT PHONE #	EMAIL ADDRESS:	

Ownership Information

REGISTERED AGENT

NAME:				
ADDRESS:	CITY:	STATE:	ZIP:	PHONE:

COMPLETE THE FOLLOWING FOR ALL OWNERS/OFFICERS - IF MORE THAN TWO, ATTACH A SUPPLEMENTAL FORM

NAME:	TITLE:	DATE OF BIRTH (Confidential):	SOCIAL SECURITY # (Confidential):	EMAIL ADDRESS:
HOME ADDRESS (Confidential):	CITY:	STATE:	ZIP:	HOME PHONE:
NAME:	TITLE:	DATE OF BIRTH (Confidential):	SOCIAL SECURITY # (Confidential):	EMAIL ADDRESS:
HOME ADDRESS (Confidential):	CITY:	STATE:	ZIP:	HOME PHONE:

General Information

DATE BUSINESS STARTED / WILL START IN LAKEWOOD: (Required)

BUILDING TYPE: ☐ COMMERCIAL ☐ RESIDENTIAL

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 may then be adjusted as defined below.

MONTHLY - ($300/month or more)
QUARTERLY - ($300/month or less)
ANNUAL - ($180/year or less)
SEASONAL · Start Mo._____ End Mo._____

NATURE OF BUSINESS (Check all that apply):

☐ RETAIL ☐ WHOLESALE
☐ MANUFACTURING ☐ SERVICE
☐ CONSTRUCTION ☐ COMMUNICATION
☐ MAIL ORDER ☐ FINANCE/INSURANCE/REAL ESTATE
☐ OFFICE ONLY ☐ INTERNET

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PRODUCTS AND OR SERVICES YOUR BUSINESS WILL PROVIDE:

Do you intend to sell medical marijuana? ☐ Yes ☐ No Care-giver Facility License # _____

Purchase

Former Owner's Name _____ Former Owner's License No

Name of Business_____ Date of Purchase _____/_____/_____

Did the purchase price include fixed assets, machinery, or equipment? ☐ Yes ☐ No Value $ _____

Prior to purchasing an existing business you 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 outstanding taxes.

Signature

I 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 to 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 code or license approvals may be necessary.

SIGNATURE:_____ TITLE: _____ DATE: _____

City Code Approval

CITY USE ONLY

Zoning use review Approved _____ Denied _____ Reviewer _____

Building use review Approved _____ Denied _____ Reviewer _____

Input date: _____
Input by: _____
Check #: _____
Zoning: _____

LICENSE NUMBER