

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 Lakewood tax license ONLY. Additional zoning code, building code or license approvals may be necessary

Type	PLEASE MARK SALES TAX LICENSE (Retail) - \$15.0	(WHICH LICENSE YOU 00 fee		NG FOR: NSE (Service Only)	- No fee	PL	LEASE COMPLETE THE APPLICATION IN FULL		
	STATE OF COLORADO SALES TAX NUMBER (for all retail businesses): FEDERAL IDENTIFICATION NUMBER (or Social Security Number - Confidential):								
_	TAXPAYER NAME (Owner(s), Partner(s), or Corporation name):								
ormation	TRADE NAME / DBA - Doing Business As:								
Business Information	PHYSICAL BUSINESS ADDRESS (No PO Box):			CITY: ST		STATE:	ZIP:		
Bus	MAILING ADDRESS - If different than business add	CITY: S		STATE:	ZIP:				
	PRIMARY BUSINESS PHONE #: CONTACT NAME:			CONTACT PHONE NUMBER:		EMAIL ADDRESS:			
REGISTERED AGENT									
	NAME:								
	ADDRESS: CITY:		STATE:		ZIP: PHONE:		PHONE:		
e e	COMPLETE THE	FOLLOWING FOR AL					CH A SUPPLEMENTAL FORM		
Ownership Information	NAME: TITLE:			DATE OF BIRTH (Confidential):			SOCIAL SECURITY NO. (Confidential):		
rship In	HOME ADDRESS (Confidential):	CITY:		STATE:	STATE: ZIP:		HOME PHONE:		
Owne	NAME:		TITLE:	DATE OF E	DATE OF BIRTH (Confidential		AL SECURITY NO. (Confidential):		
	HOME ADDRESS (Confidential):			STATE:	STATE: ZIP:		HOME PHONE:		
	TYPE OF OWNERSHIP: SOLE PROPRIETOR	PARTNERSHIP		CORPORATION]LLC	OTHER		
	IS THE BUSINESS IN A: COMMERCIA	L BUILDING (in Lakewo	ood) Complete page	2	PRIVATE RE	SIDENCE ((in Lakewood) Complete page 3		
	DATE BUSINESS STARTED / WILL START IN LAKEWOOD:			DO YOU RENT OR OWN YOUR BUILDING? RENT OWN					
	FILING FREQUENCY FOR RETAIL / SERVICE initially assigned monthly filing status until one y	Check this box if your company NATURE OF BUSINESS (Check all that apply):			BUSINESS (Check all that apply):				
Information	Your filing frequency may then be adjusted as defined below.			returns and does not need the City MANUFACTU			WHOLESALE URING SERVICE		
form	MONTHLY - (\$300/month or n QUARTERLY - (\$300/month or	not need the City MANUFACT CONSTRUCT CONSTRUCT				UCTION COMMUNICATION			
eneral In	ANNUAL - (\$180/year or less) SEASONAL - Start Mo End Mo			MAIL ORDE OFFICE ON			<u> </u>		
Gene									
	Do you intend to sell medical marijuan	a? Yes		No Car	e-giver Facil	ty Licens	se #		
ase	Former Owner's Name Former Owner's License No Prior to purchasing an existing business you m								
Purchase	Name of Business			Date of Purchase//			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.		
Did the purchase price include fixed assets, machinery, or equipment? Yes No Value \$,			
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: DATE: DATE:						DATE:	_		
	CITY USE ONLY						Input date:	_	
roval		Input By:							
App	7		_		D		Check #:		
City Code Approval	Zoning use review	Approved	De	nied	Reviewer _		Zoning: LICENSE NUMBER		
City	Building use review	Approved	De	nied	Reviewer_				

AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7111. Mail or fax the completed form to the Lakewood Police Department Communications Center, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-763-6828.

Business Name				
If Storefront sign is d	ifferent, please indicate t	that name her	re	
Exact Business Addre	ess (please include Unit #	<u>#)</u>		
Gate Code (apts, stora	age facilities etc)			
Is this business operate	ting out of your home?	Yes	No	
Local Business Phone				
Please check applicab	ole #'s: Landline	Cell		VOIP
Type of Business (bar	nk, tavern, etc)	Ног	urs of Operation	1
Alarm Company	Pho	one		
Alarm System (please	e check all that apply)	Silent	Holdup	Audible
someone is needed to numbers, not daytime		rs emergency	. List after-hou	irs LOCAL
		Position_		
Home Address			Do 200	
Phone	Cell Phone	Dogition	Pager	
Phone	Cell Phone		Pager	
	een i none			
Home Address		1 05111011_		
	Cell Phone		Pager	
Please provide addition hours emergency (for	onal information to help example: guard dogs, e	protect your imployees are	business in case	e of an after-
Signature	Print Name		Date	



Supplement for Home Occupations

Please be as specific as possible when filling out this supplemental information sheet. If more space is needed, please attach additional sheet(s). Zoning approval is necessary before your Sales/Use Tax License can be issued. It is recommended that you call Code Enforcement at the phone number listed below.

Business/Owner Name	Account No.
1. What type of business is being conducted at the residence?	
2. Does the business include any retail sales? If so, please explain in detail business is conducted (I.e. mail order, trade shows, etc.) Please keep in mir home occupation.	•
What is the total square footage of the residence? Where in the residence is garage, basement, spare room etc.) How many square feet are utilized for t	·
4. How many employees are there (include yourself)? Please explain if emplocation or the residence where the business is located.	oloyees are working from another
5. Does the business require storage of any equipment/materials? If so who	ere are these items stored?
6. Are any commercial vehicles used for the business? If so, how many, an	d where are they kept?

CITY OF LAKEWOOD

LAWFUL PRESENCE AFFIDAVIT

SECTION 1: IDENTIFICATION DOCU	MENTS
	[print name], currently by of, the following identification document as evidence of
my lawful presence in the United States	(check one):
Valid Colorado driv Department of Rev	er's license or a Colorado identification card issued by the enue
United States milita	ry card or a military dependent's identification card
United States Coas	t Guard Merchant Mariner card
Native American tri	bal document
Other document all Lawful Presence. (owed by the Colorado Department of Revenue Rules for 1 CCR 201-17)
(available at http://www.revenue.stat	e.co.us/EDO_dir/wrap.asp?incl=LawfulPresenceRules)
**Provide a clear copy of document you States.	are relying upon to show your lawful presence in the United
SECTION 2: CITIZENSHIP AFFIDAVIT	
I,under penalty of perjury under the laws of	[print name], swear or affirm of the State of Colorado that (check one):
I am a United State	s citizen, or
I am a Permanent I	Resident of the United States, or
I am lawfully preser	nt in the United States pursuant to Federal law.
or I am a sole proprietor entering into a control the State of Colorado. I understand that a present in the United States prior to receive the City of Lakewood. I further acknowled representation in this sworn affidavit is proposed to the City of Lakewood.	required by law because I have applied for a public benefit, contract or purchase order with the the City of Lakewood, in state law requires me to provide proof that I am lawfully ipt of this public benefit or prior to entering into a contract with the dige that making a false, fictitious, or fraudulent statement or unishable under the criminal laws of Colorado as perjury in sed Statute 18-8-503 and it shall constitute a separate criminal dulently received.
Signature	Date
Print Full Legal Name	