



**FINANCIAL SERVICES DIVISION**

**Sales Tax Administration**  
2555 Midpoint Drive, Suite B  
Fort Collins, Colorado 80525-4425  
(970) 498-5930  
Fax (970) 498-5942

**APPLICATION FOR SALES TAX LICENSE**

**INSTRUCTIONS:**

1. PLEASE PRINT OR TYPE INFORMATION
2. SIGN AND RETURN TO LARIMER COUNTY AT ABOVE ADDRESS
3. NO LICENSE FEE REQUIRED
4. REPORT ALL SALES TAX IN THE LARIMER COUNTY COLUMN ON THE **COLORADO STATE SALES TAX FORM (DR0100)**
5. A SALES TAX LICENSE IS REQUIRED FOR EACH BUSINESS LOCATION
6. THE COUNTY SALES TAX RATE IS .80%

1. NAME OF OWNER/RESPONSIBLE INDIVIDUAL: \_\_\_\_\_

2. PHONE NUMBER OF REPSONSIBLE INDIVIDUAL: \_\_\_\_\_

3. BUSINESS NAME: \_\_\_\_\_

4. MAILING ADDRESS: \_\_\_\_\_

5. LOCATION OF BUSINESS: \_\_\_\_\_  
(If different from mailing address)

6. TYPE OF BUSINESS: \_\_\_\_\_

7. DATE BUSINESS BEGAN OPERATION WITHIN LARIMER COUNTY: \_\_\_\_\_

8. DID YOU PURCHASE AN EXSISTING LARIMER COUNTY BUSINESS? YES \_\_\_ NO \_\_\_

IF SO, NAME AND LICENSE NUMBER OF PREVIOUS BUSINESS:

\_\_\_\_\_

9. STATE ACCOUNT NUMBER (**IMPORTANT**): \_\_\_\_\_

*I declare under penalty of perjury, that the statements made in this application are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SALES TAX ADMINISTRATION USE ONLY:**

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_