# CITY OF MONTROSE

## SALES TAX LICENSE AND LICENSE RENEWAL APPLICATION

Amt Pd _____
Date _____

***For Office Use Only***
License Number _____ Filing Period _____
Classification (SIC) _____ Area _____

**Please print or type - attach any additional sheets if necessary. Fill in <u>all</u> the blanks, if the question does not pertain to your particular business, please write N/A (not applicable). <u>*Applications will not be processed with incomplete information.*</u>**

1. Complete name under which the business will be conducted:
   _____
   DBA: _____

2. Business phone number:_____ Fax/Email _____

3. Emergency name and phone number (after hours for the Police Department):
   Name: _____ Phone: _____

4. <u>Physical business location:</u>
   _____
   Number Street name City State Zip Code

   <u>Mailing address</u>:
   _____
   Number Street name City State Zip Code

5. Date business opened or business began being conducted in Montrose: _____

6. Was the business previously licensed by the City of Montrose? { } Yes { } No
   Under what name: _____
   Location: _____
   Owned by: _____

7. List all products being sold, please be specific: _____
   _____

8. Legal name and address of the taxpayer. If this is not the same as the owner of the business, attach a full explanation. *This question must be completed, <u>do not write N/A .</u>*
   Name: _____Phone number: _____
   Address: _____
   Number Street name City State Zip Code

9. Name of manager: _____Phone number: _____

10. Type of taxpayer entity:
    { } Individual(s) { } Limited Liability Company { } Non-Profit Corporation
    { } Partnership { } Corporation { } Joint Venture
    { } Limited Partnership { } Limited Liability Corporation { } Unincorporated Organization
    { } Other: _____
    Full legal name of partnership or corporation: _____

11. For individually owned businesses, please indicate the name and address of any owner not included in number 8.

_____
Name Address Phone

_____
Name Address Phone

12. For partnerships or limited partnerships, list the name and address of each general partner:

_____
Name Address Phone

_____
Name Address Phone

_____
Name Address Phone

13. For corporations and non-profit corporations, list the name and address of each officer of the corporation and for corporations other than publicly held corporations indicate the name and address of each shareholder with more than a 20% interest in the corporation other than the officers already listed:

_____
Office/Shareholder Name Address

_____
Office/Shareholder Name Address

_____
Office/Shareholder Name Address

14. If the taxpayer is doing business under other business names, indicate the name and address of each business:

_____
Business name Address

_____
Business name Address

15. Date taxpayer acquired the business: _____
Entity from which business was acquired:

_____
Name Address

16. Are you adding or changing any signs? If you answer "yes" please contact Community Development Department for a sign permit.

{ } Yes { } No

**THIS APPLICATION MUST BE SIGNED BY OWNER, OFFICER OR PARTNER OF TAXPAYER AS APPROPRIATE, AND MUST HAVE THE AUTHORITY TO DO SO.**

By: _____ Title: _____

Print name: _____ Date: _____

**Return to:** **City of Montrose**
**PO Box 790**
**433 S 1st Street**
**Montrose, CO 81402-0790**

**Fee amounts:** **$35.00 - New applications**
**$15.00 – Renewals**