CITY OF MONTROSE, COLORADO

TRANSIENT VENDOR'S SALES TAX LICENSE APPLICATION

For Office Use Only
License Number _____ Business Group _____
Classification _____ SIC Number _____

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

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

2. Business phone number: _____ Fax: _____

3. How many years has this company been in business: _____

4. Name of person or agent who will be representing you by conducting business in the City of Montrose.
   Name: _____ Local phone: _____

5. Colorado State Sales Tax License number: _____ FEIN Number: _____

6. Physical location address where business will be conducted in Montrose:
   _____
   Number Street name City State Zip Code

   Company mailing address:
   _____
   Number Street name City State Zip Code

7. Date(s) business will be conducted in Montrose: From _____ To _____

8. Have you conducted business in the City of Montrose before? { } Yes { } No
   Under what name: _____
   Location: _____ Owned by: _____

9. Nature of the business (type of product(s) or service(s) sold): _____

10. Do you have permission from the business/property owner: { } Yes { } No
    Who did you speak to: _____ (provide full name and title)
    When did you speak to this person: _____

11. 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, do not write N/A .*
    Name: _____Phone number: _____
    Address: _____
    Number Street name City State Zip Code

12. Name of manager or contact person for sales tax: _____ Title _____
    Phone number: _____

13. 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: _____

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

_____
Name Address Phone

_____
Name Address Phone

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

_____
Name Address Phone

_____
Name Address Phone

16. 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

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

_____
Business name Address

_____
Business name Address

18. Will you be posting any signs? If you answer "yes" contact the Community Development Department for a sign permit at (970) 240-1407.

{ } Yes { } No

I understand that $1,000.00 surety bond or cash deposit is required with this application and its fees (listed below) and that the deposit will be held by the City of Montrose for a period of nine (9) months in accordance with Section 5-6-2 of the City's ordinance.

THIS APPLICATION MUST BE SIGNED BY OWNER, OFFICER OR PARTNER OF TAXPAYER AS APPROPRIATE.

By: _____ Title: _____

Print name: _____ Date: _____

Return to: **City of Montrose**
PO Box 790, 433 South First Street
Montrose, CO 81402-0790

Fee amounts: **$ 35.00 - Sales Tax License**
$ 50.00 - Transient Vendor Fee
$ 85.00 - Total