



## APPLICATION RETAIL SALES TAX LICENSE

**State of Colorado Retail Sales Tax License Number** \_\_\_\_\_  
**Fee \$10.00** \_\_\_\_\_ **(required)**

- 1.) Name of Owners(s) \_\_\_\_\_  
\_\_\_\_\_
- 2.) Address of Owner(s) \_\_\_\_\_  
\_\_\_\_\_
- 3.) Business Name \_\_\_\_\_  
\_\_\_\_\_
- 4.) Business Location \_\_\_\_\_
- 5.) Attention \_\_\_\_\_
- 6.) **Mailing Address** \_\_\_\_\_
- 7.) **City, Zip Code** \_\_\_\_\_
- 8.) Phone # \_\_\_\_\_
- 9.) Type of Business \_\_\_\_\_
- 10.) Signatures(s) \_\_\_\_\_

Office use only

Date Received	Date Processed	Renewal		Fee Submitted	
		Yes	No	Yes	No: Returned date

Issued License # \_\_\_\_\_ By \_\_\_\_\_