



City of Golden

FINANCE DEPARTMENT
SALES TAX DIVISION

911 10TH ST. GOLDEN, CO 80401

SALES/USE TAX LICENSE APPLICATION

Fee \$20.00

Licenses will not be issued unless this form is filled out entirely.

Please mark all that apply.

Questions regarding Application

Phone: (303) 384-8024 · Fax: (303) 384-8001

BUSINESS INFORMATION

Business Name _____

Physical Address _____

City _____ State _____ Zip _____

Business Phone: () _____ Business Fax: () _____

Business Web Address: _____

Business Email: _____

Business is in good standing with the Secretary of State to do business in Colorado.

New Business in Golden

Home-Based Business

Out-of-City Business

**ISSUANCE OF YOUR TAX
LICENSE DOES NOT IMPLY
COMPLIANCE WITH ALL
CITY DEPARTMENTS OR
OTHER JURISDICTIONS**

MAILING INFORMATION

Mailing Address _____

City _____ State _____ Zip _____

Reporting Frequency: Monthly *Quarterly *Annually

** Please note, you may only file annually if you have no retail sales and are only providing a service, and quarterly if tax is less than \$60.00 monthly.*

Have you remitted tax to us in the past? If so, please note when: _____

Taxpayer representative: Name _____ Phone Number _____

Email Address _____

Location of Records: City _____ State _____ Zip _____

New Business Type of Ownership: *(check one)*

Sole Proprietorship

Partnership

Corporation

LLC

LLP

Non-Profit Corporation (No Fee, Attach Proof)

Other, Please Explain _____

OWNER / OFFICER INFORMATION

Owner/President _____ Government Issued ID # _____ (attach copy)

Vice President _____ Government Issued ID # _____ (attach copy)

Date you started selling/operating in Golden: _____

Description of business (please detail types of service(s) / product(s) and nature of business _____

Is your business physically located in the City of Golden? Yes No **If yes, complete page 2.**

I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the City of Golden tax laws and ordinances and, to the best of my knowledge and beliefs, are true, correct and complete.

Print or type name _____ Title/Capacity _____

Authorized Signature _____ Title _____ Date _____

FOR CITY USE ONLY

Account # _____ Entered _____

IF YOUR BUSINESS IS PHYSICALLY LOCATED IN GOLDEN - COMPLETE THE FOLLOWING

BUSINESS INFORMATION

Normal Business Hours _____

Do you report hazardous materials under EPCRA or 112R? Yes No

What is the location of your onsite Hazmat Inventory List? _____

What is the location of your onsite Hazmat Storage Plan? _____

What is the location of your onsite Material Safety Data Sheet? _____

Building Square Footage _____ Business Square Footage _____

Do you have an alarm system? Yes No

Fire Alarm Monitoring Company _____ Phone # _____ Acct # _____

Fire Alarm Service Company _____ Phone # _____ Acct # _____

Burglar Alarm Company _____ Phone # _____ Acct # _____

Burglar Alarm Service Company _____ Phone # _____ Acct # _____

Are you a home based business?

For Home Based Businesses - Number of Employees, including yourself _____

If you provide Daycare, # of Children _____

OWNER / OFFICER INFORMATION

Owner/President _____ Phone # _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Vice President _____ Phone # _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Secretary _____ Phone # _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Treasurer _____ Phone # _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Name of **Previous** Business Owner _____

Name of **Previous** Business _____

LOCAL EMERGENCY CONTACTS (List a minimum of 3 in the order you want them called by dispatch)

Name _____ Home Phone # _____ Cell # _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Home Phone # _____ Cell # _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Home Phone # _____ Cell # _____

Home Address _____ City _____ State _____ Zip _____