



City and County of Broomfield, One DesCombes Drive, Broomfield CO 80020

Finance Department, Sales Tax Division

# Sales Tax License Application

**NO FEE REQUIRED**  
**CART/KIOSK DEPOSIT \$200.00**

E-Mail: [salestax@broomfield.org](mailto:salestax@broomfield.org) Web: [www.broomfield.org/salestax](http://www.broomfield.org/salestax) 303-464-5811 FAX 303-410-3802

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

CART/KIOSK DEPOSIT MUST ACCOMPANY APPLICATION

**Please allow up to two weeks for processing of application. Please Print**

## Business Information

Business Name \_\_\_\_\_

DBA Name (if different) \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Business Fax (\_\_\_\_) \_\_\_\_\_

Business Web Address \_\_\_\_\_ Business E-Mail \_\_\_\_\_

## Mailing Information

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Owner/Officer Information

\_\_\_\_\_ Phone number/Address \_\_\_\_\_

\_\_\_\_\_ Phone number/Address \_\_\_\_\_

**Type of Ownership** Individual/Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Trust \_\_\_\_\_

**Type of Location** Commercial \_\_\_\_\_ Home Based \_\_\_\_\_

**FEIN or Social Security Number** \_\_\_\_\_ **State Sales Tax Number** \_\_\_\_\_

**Reporting Frequency** Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually \_\_\_\_\_

**Registered with the Secretary of State in Colorado** Yes \_\_\_\_\_ No \_\_\_\_\_

**New Business in Broomfield** Yes \_\_\_\_\_ No \_\_\_\_\_ **Purchased Existing Business** Yes \_\_\_\_\_ No \_\_\_\_\_

**Date you will start business in Broomfield** \_\_\_\_\_

**Description of business** (please detail types of services/products and nature of business) \_\_\_\_\_

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 Colorado tax laws and regulations, and to the best of my knowledge and belief, are true, correct and complete.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Account Number Issued \_\_\_\_\_ Date Entered \_\_\_\_\_