Finance Dept _____

APPLICATION FOR SALES AND USE TAX LICENSE

NO FEE REQUIRED

Owner's or Corporate Name
Name of Business (DBA)
Business Address (Street, City, State, Zip)
Mailing Address (Street, City, State, Zip)
Nature of Business (Type of sales/service)
Does your business acquire, possess, cultivate, manufacture, produce, use, sell, distribute, dispense, or transport medical marijuana? ❑ Yes ❑ No
Ownership ❑ Individual ❑ Partner _____% ❑ Corp ❑ Other (explain)
Federal Employer Identification Number (FEIN) or Social Security Number (SSN) **– Application will NOT be processed if missing**
State of Colorado Sales Tax Account Number – **Application will NOT be processed if missing**
Filing Period ❑ MONTHLY ❑ QUARTERLY ❑ ANNUAL NOTE: If the monthly average for remittance is $40 or greater, monthly filing is required. If less than $40 per year or fewer than two sales transactions are expected, annual filing is desired.
Will you be printing your own returns through your tax software? ❑ Yes ❑ No - **They are not available on-line**
Date business will begin in Lafayette
If business was purchased, list name of former owner and business name (if name listed above is new)
Sales Tax Contact Name and Title
Contact Email Address
Business phone number
Business fax number

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 LAFAYETTE TAX LAWS AND REGULATION AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE, CORRECT, AND COMPLETE.

Printed Name _____ Title_____.

Signature _____ Date _____.

Please mail or fax the application to:

City of Lafayette - Sales Tax
PO Box 250
Lafayette, CO 80026

Fax (303) 604-4334
Phone (303) 665-5588