



20\_\_\_ SPECIAL EVENTS SALES TAX LICENSE APPLICATION  
 Sales Tax License Fee \$25.00

1 Trade (DBA) Name of Business		
Taxpayer Name Owner(s), Partner(s), or Corporation		
Business Location Address -Street, City, State, Zip-		
Mailing Address (if different) -Street, City, State, Zip-		
Local Business Phone ( ) ext.	Local Business Fax ( )	Business Email
Licensing Office Phone ( ) ext.	Licensing Office Fax ( )	Licensing Office Email
Sales Tax Office Phone ( ) ext.	Sales Tax Office Fax ( )	Sales Tax Office Email
Owner Name, Phone #, & Address ( ) ext.		

2 Participating Event(s)	<input type="checkbox"/> Street Faire <input type="checkbox"/> 4th of July <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Farmer's Mkt <input type="checkbox"/> Taste of Louisville	
Business Description:		
Federal Tax I.D	_____ - _____	
Colorado State Sales Tax #	_____ - _____	
<b>Please select <u>one</u> of the following boxes below either: sales tax filing period or event participation months and file accordingly</b>		
Sales Tax Filing Period	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly \$2,857 in sales or more/mo    \$2,857 in sales or less/mo	
Event Participation Months	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
For event participation months please only check the months that you will be participating in the event. You will not be required to file outside these months.		
Do you want us to mail you City tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blank and self-calculating City tax returns are available online at <a href="http://www.louisvilleco.gov">www.louisvilleco.gov</a>
Date Business Started/Will Start, or Date of First Sale in Louisville	___ / ___ / ___	

3 I declare under penalty of perjury that the statements made in this application are true and complete to the best of my knowledge.		
Applicant or Authorized Agent Signature	_____	Date _____
Applicant Name (PRINT)	_____	<input type="checkbox"/> New Application
Applicant Title	_____	<input type="checkbox"/> Renewal