

20__ SALES/USE TAX LICENSE APPLICATION



Mail Application and Fee To:
Sales Tax & Licensing Division
749 Main Street, Louisville, CO 80027
www.louisvilleco.gov

CONTACT INFO:
Email: Salestax@Louisvilleco.gov
Phone: (303) 335-4515
Fax: (303) 335-4527

FILE TAX RETURNS AND RENEWALS: [Online Portal: https://processing.louisvilleco.us/sts/index.html](https://processing.louisvilleco.us/sts/index.html)

CHECK THAT APPLY: New Application Renewal - City Code _____

Outside City (No Fee) Special Events (Fee\$25.00) In City (Fee \$25.00)

Special Event: _____ Months: _____

Name of Business/DBA: _____

Taxpayer Name: _____

Business Location: _____

Mailing Address: _____

Contact Name: _____

Email Address: _____

Business Phone: _____ Mobile Phone: _____

Web Site: _____

Owners Name, Phone & Address: (Attach officers) _____

Federal Tax ID #: _____ Colorado State Sales Tax #: _____

Business Start In the City of Louisville: _____

Business Description (detailed description of all onsite activities): _____

Type of Ownership:

- Sole Proprietor Corporation Partnership S. Corp
- LLC Non-profit Other

Sales/Use Tax Filing Period: **TAXPAYERS ARE TO FILE RETURNS EVEN IF IT IS ZERO (0)**

- Monthly = Sales Tax and/or Use Tax Due is \$100.00 or more
- Quarterly = Sales Tax and/or Use Tax Due is less than \$100
- Annual - Zero [Sales Tax and/or Use Tax Due]

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Name (print): _____

Applicant Title: _____

Authorized Agent Signature: _____ Date: _____

IN CITY BUSINESSES ONLY:



Years in Current Location: _____

Previous Address: _____

Number of Employees in Louisville:

Do you: Full-Time _____ Part-time _____ Seasonal _____
[] Own [] Lease [] Rent

Owner Name/Address/Phone: _____

Landlord Name/Address/Phone: _____

Business Hours: _____

Home occupation? [] Yes If yes, Complete the below: [] No

Only be performing online activities for the business and will have no one visiting the property?

[] Yes [] No

Related to the business and no materials will be made or produced at the property?

[] Yes [] No

Will anyone be visiting the property?

[] Yes [] No

Total square footage: _____

Total square footage of work area: _____

Percentage cannot exceed 20%

Is your home occupation located in a detached accessory structure (detached garage/shed)?

[] Yes [] No

Total Square footage of lot: _____

Total square footage of work area: _____

Percentage(cannot exceed 5%)