Revised 02-2010

Mail To: **City of Lakewood**
Department of Finance
480 South Allison Parkway
Lakewood Colorado 80226-3127

Application for Sales and Use Tax License

303-987-7630 PHONE
303-987-7057 TDD
www.lakewood.org

Print Form

Reset

This application is for a City of Lakewood tax license ONLY. Additional zoning code, building code or license approvals may be necessary

Type

PLEASE MARK WHICH LICENSE YOU ARE APPLYING FOR:
☐ SALES TAX LICENSE (Retail) - **$15.00 fee** ☐ USE TAX LICENSE (Service Only) - **No fee**

PLEASE COMPLETE THE APPLICATION IN FULL

Business Information

STATE OF COLORADO SALES TAX NUMBER (for all retail businesses):	FEDERAL IDENTIFICATION NUMBER (or Social Security Number - Confidential):		
TAXPAYER NAME (Owner(s), Partner(s), or Corporation name):			
TRADE NAME / DBA - Doing Business As:			
PHYSICAL BUSINESS ADDRESS (No PO Box):	CITY:	STATE:	ZIP:
MAILING ADDRESS - If different than business address:	CITY:	STATE:	ZIP:
PRIMARY BUSINESS PHONE #: / CONTACT NAME:	CONTACT PHONE NUMBER:	EMAIL ADDRESS:	

Ownership Information

REGISTERED AGENT

NAME:				
ADDRESS:	CITY:	STATE:	ZIP:	PHONE:

COMPLETE THE FOLLOWING FOR ALL OWNERS/OFFICERS - IF MORE THAN TWO, ATTACH A SUPPLEMENTAL FORM

NAME:	TITLE:	DATE OF BIRTH (Confidential):	SOCIAL SECURITY NO. (Confidential):	
HOME ADDRESS (Confidential):	CITY:	STATE:	ZIP:	HOME PHONE:
NAME:	TITLE:	DATE OF BIRTH (Confidential):	SOCIAL SECURITY NO. (Confidential):	
HOME ADDRESS (Confidential):	CITY:	STATE:	ZIP:	HOME PHONE:

TYPE OF OWNERSHIP:
☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER

General Information

IS THE BUSINESS IN A: ☐ COMMERCIAL BUILDING (in Lakewood) *Complete page 2* ☐ PRIVATE RESIDENCE (in Lakewood) *Complete page 3*

DATE BUSINESS STARTED / WILL START IN LAKEWOOD:

DO YOU RENT OR OWN YOUR BUILDING? ☐ RENT ☐ OWN

FILING FREQUENCY FOR RETAIL / SERVICE BUSINESSES: All retail business are initially assigned monthly filing status until one year of reporting history is established. Your filing frequency may then be adjusted as defined below.

MONTHLY - ($300/month or more)
QUARTERLY - ($300/month or less)
ANNUAL - ($180/year or less)
SEASONAL - Start Mo._____ End Mo._____

Check this box if your company creates its own returns and does not need the City to provide them ☐

NATURE OF BUSINESS (Check all that apply):

☐ RETAIL	☐ WHOLESALE
☐ MANUFACTURING	☐ SERVICE
☐ CONSTRUCTION	☐ COMMUNICATION
☐ MAIL ORDER	☐ FINANCE/INSURANCE/REAL ESTATE
☐ OFFICE ONLY	☐ INTERNET

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF YOUR BUSINESS:

Do you intend to sell medical marijuana? ☐ Yes ☐ No Care-giver Facility License # _____

Purchase

Former Owner's Name _____ Former Owner's License No

Name of Business_____ Date of Purchase _____/_____/_____

Did the purchase price include fixed assets, machinery, or equipment? ☐ Yes ☐ No Value $ _____

Prior to purchasing an existing business you may obtain a certificate of tax status from the Revenue Division for a nominal fee. This will ensure that you are not held liable for any outstanding taxes.

Signature

I declare, under the penalty of perjury in the second degree, that this application has been examined by me (owner, officer or registered agent), that 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. This application is for a City of Lakewood tax license ONLY. Additional zoning code, building code or license approvals may be necessary.

SIGNATURE:_____ TITLE: _____ DATE: _____

City Code Approval

CITY USE ONLY

Zoning use review Approved _____ Denied _____ Reviewer _____

Building use review Approved _____ Denied _____ Reviewer _____

Input date: _____
Input By: _____
Check #: _____
Zoning: _____

LICENSE NUMBER

AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7111. Mail or fax the completed form to the Lakewood Police Department Communications Center, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-763-6828.

Business Name_____

If Storefront sign is different, please indicate that name here_____

Exact Business Address (please include Unit #)_____

Gate Code (apts, storage facilities etc)_____

Is this business operating out of your home? ☐ Yes ☐ No

Local Business Phone #_____
Please check applicable #'s: ☐ Landline ☐ Cell ☐ VOIP

Type of Business (bank, tavern, etc)_____ Hours of Operation_____

Alarm Company_____Phone_____

Alarm System (please check all that apply) ☐ Silent ☐ Holdup ☐ Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name_____Position_____
Home Address_____
Phone _____Cell Phone _____Pager_____
Name _____Position_____
Home Address _____
Phone _____Cell Phone _____Pager_____
Name _____Position_____
Home Address _____
Phone _____Cell Phone _____Pager_____

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are onsite 24 hrs, hazardous materials stored on site)_____

Signature Print Name Date

_____

City of Lakewood
Community Code Enforcement

Supplement for Home Occupations

Please be as specific as possible when filling out this supplemental information sheet. If more space is needed, please attach additional sheet(s). Zoning approval is necessary before your Sales/Use Tax License can be issued. It is recommended that you call Code Enforcement at the phone number listed below.

Business/Owner Name	Account No.

1. What type of business is being conducted at the residence?

2. Does the business include any retail sales? If so, please explain in detail, how the retail aspect of the business is conducted (I.e. mail order, trade shows, etc.) Please keep in mind that retail sales are not allowed for a home occupation.

What is the total square footage of the residence? Where in the residence is the business conducted? (I.e. garage, basement, spare room etc.) How many square feet are utilized for the business?

4. How many employees are there (include yourself)? Please explain if employees are working from another location or the residence where the business is located.

5. Does the business require storage of any equipment/materials? If so where are these items stored?

6. Are any commercial vehicles used for the business? If so, how many, and where are they kept?

Sales/Use Tax questions please call 303-987-7630
Community Code Enforcement please call 303-987-7566