

City Sales Tax License Application – Sterling, Colorado

Name of the Organization			Organization Type (choose): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L. L. C. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other _____ _____
Principal Place of Business: Physical Address, City, State, Zip			
Name of Contact Person	Email Address		
Organization Name for Billing / Mailing (if different from above)			
Mailing Address of Business (if different from above)			
() - () - () -	Main Business Phone Number	Secondary Phone Number (if any)	

Business Website (if any)

Main Product or Service Provided by the Business

Name of Owner / Partner / Corporate Officer	Title
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Home Address, City, State, Zip of Owner / Partner / Officer

Name of Other Owner / Partner / Corporate Officer	Title
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Home Address, City, State, Zip of Other Owner / Partner / Officer

Desired Tax Return Filing Frequency: Monthly Quarterly Yearly Seasonal : _____

If your monthly tax amount is: *greater than \$40* *less than \$40* *less than \$10* Months of Your Season

Business Start Date in Sterling	Colorado State Tax ID Number	Federal ID Number
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Signature of Applicant	Title	Application Date
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For Finance Department Use Only

City Sales Tax Number	Business Type (S. I. C.) Code	Location Code	Date Processed and Issued
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If In Sterling, Zoning Authorization Given By	Processed By
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