

# 4 Sales Tax & Business License

## COMBINED SPECIAL EVENT SALES TAX AND BUSINESS LICENSE APPLICATION

Name of Event \_\_\_\_\_

Name of Business \_\_\_\_\_

Sales Tax/Primary Mailing Address \_\_\_\_\_

Location Address \_\_\_\_\_

Same as Sales Tax Address

Same as Location Address

Other \_\_\_\_\_

Phone Number of Business (    ) \_\_\_\_\_ Fax Number (    ) \_\_\_\_\_

Sales Tax Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Colorado Sales Tax License Number \_\_\_\_\_

If applicable, State of Colorado Sales Tax Exempt Number \_\_\_\_\_

Nature of Business/Product Sold \_\_\_\_\_

Names of Owners, Partners, or Managers of the Business \_\_\_\_\_

One day license ..... \$15

Two-day license ..... \$25

Not-for-Profit Groups (IRS Section 501[c][3] certificate required) ..... \$ 0

I declare under penalty of perjury that this application has been examined by me, and that the statements made herein are made in good faith pursuant to the Cit of Aspen tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_