

## TOWN OF GYPSUM, COLORADO APPLICATION FOR BUSINESS AND/OR SALES TAX LICENSE

A separate application must be filed for each business location in Gypsum. Please fill out completely

TYPE OF LICENSE APPLIED FOR: New Appli	ication Dated in: $1^{st}$ Qtr: \$80.00			
BUSINESS LICENSE CURRENT BUSINESS LICEN Is required for any person to maintain, operate, or engage in	NSE #: any business activity on premises within the Town of Gypsum			
RETAIL SALES TAX LICENSE (NO CHARGE) For both merchants located within the Town of Gypsum and sales presence, store, or office, within the Town of Gypsum.	those merchants located outside the Town of Gypsum, but who have a			
TOG Planning Department Approval TOG Building Department Approval				
BUSINESS ACTIVITIES (Note all activities conducted under this license)				
Retail Sales (Specify):	<b>State of Colorado Childcare License</b> : Please attach copy of current State Childcare License			
Restaurant/Bar: (Specify Type):  Lodging:	<b>Other Licenses</b> : If state or federal agencies license this business, please attach all current licenses held.			
Professional (Specify):  Service: (Specify Type):	Business licenses must be posted and maintained upon the licensed premises in place where it can be seen at all times. Violation of any Town of			
Other:	Gypsum Business License Code may be subject to fines of up to \$300.00			
Product or Service Sold:  Home Business: ☐ Yes ☐ No	Copies of the Business License Code 5.03 are available at the Town offices and on our web page. www.townofgypsum.com			
Type of Ownership Sole Proprietor Limited Liabilit	y Company Corporation Other			
If Corporation, Registered Agent:				
Trade Name of Business:				
Name of Ownership (If other than trade name):				
Physical Address:	Mailing Address:			
Business Phone: Federal ID#	Colorado Sales Tax #			
Local Manager-Representative:Name	Phone # and			

Are you registered with the Secre	etary of State? Yes No No http:	://www.sos.state.co.us/	OVER→	
SALES TAX REMITTANCE INFORMATION				
Name of person preparing Sales 7	Γax Return	Business Phone:		
Choose one: Employee A	Accountant/Bookkeeper	cify)		
Email Address:				
NAMES & HOME ADDRESSES OF OWNERS OR OFFICERS OF BUSINESS (Attach additional schedule if necessary)				
Name	Position	Home Phone		
Home Address	City	State	Zip	
Social Security #	Driver's Lic #	State _		
Name	Position	Home Phone		
Home Address	City	State	Zip	
Social Security #	Driver's Lic #	State _		
CORPORATIONS ONLY				
In consideration of the issuance of the Sales Tax License, I,,				
Oved to the Town of Gypsum. This individual, personal liability is in addition to the liability of				
Corporation Name	<del>.</del>			
good faith pursuant to the Town of Gypsur above listed business is in compliance with default of any financial obligation in any natural such licensed business and avoid all practi	of perjury in the second degree, that this application is Municipal Code, and to the best of my knowled hall laws of the United States, State of Colorado, an manner to the Town except current taxes. I also agrees or conditions which do or may affect the publication of this license unless renewed. This business license unless renewed.	dge and belief, are true, correct, and com nd the Town of Gypsum. Also that this bee this business will comply with all law health, morals, or welfare. In addition,	plete. I am attesting that the business or applicant is not in s and regulations applicable to his licensed business will refrain	
Signed:	Date:	:		
	Title:			
* *** **				

Town of Gypsum Sales Tax Auditor Mail To: PO Box 130

Gypsum, CO 81637 Phone: (970) 524-1753 Fax: (970) 524-7522