

The City of Northglenn
11701 Community Center Drive
P.O. Box 330061
Northglenn, CO 80233-8061
Phone: 303-450-8729
Fax: 303-450-8708
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BUSINESS AND TAX LICENSE APPLICATION

APPLICATION FOR ONE OF THE FOLLOWING:

1. Sales and Use Tax License - **\$15 Fee**
OR
 Consumer Use Tax License - **\$15 Fee**
(no retail sales)
OR
 Exempt Institute License - **No Fee**
(Include copy of 501(c)(3) letter of exemption from IRS)

(Office Use Only)	
License Number: _____	
Industry: _____	Geo Code: _____
Fin: _____	Zoning: _____ Building: _____

2. Returns may be filed by calendar quarter if tax liability is less than \$100 per month. Indicate whether returns will be filed:

MONTHLY QUARTERLY ANNUALLY
(Annual filing status is usually granted to service businesses, wholesalers, professionals, & non-profit 501(C)3 organizations).

Check box if your company creates its own tax returns and does not need the City to supply them

3. Indicate Type of Organization:

INDIVIDUAL PARTNERSHIP CORPORATION NON-PROFIT 501(C)3
 ASSOCIATION LLC LLP or LLLP
 GOVERNMENT TRUST NON-PROFIT
(Please enclose copy of the IRS letter of exemption).

4. Full legal name of Corporation, Individual Owner, or name(s) of Partner(s):

5. Trade (doing business as) Name: _____

6. Business Location: _____ (Street & Unit#)

_____ (City) _____ (State) _____ (Zip Code)

7. Business Location Phone #: _____ Fax #: _____

8. Mailing Address (if different from location address): _____ (Name)

_____ (Street)

_____ (City) _____ (State) _____ (Zip Code)

10. State of Colorado Sales Tax License Number: _____

11. Federal Identification Number: _____ E-mail Address _____

(Continue on reverse side of this page)

12. ● All principal owners, partners, and or corporate officers (use additional sheet if necessary):

1. Name _____ Home Address _____

Title _____ ● Home Phone _____ ● Date of Birth _____

2. Name _____ Home Address _____

Title _____ ● Home Phone _____ ● Date of Birth _____

3. Name _____ Home Address _____

Title _____ ● Home Phone _____ ● Date of Birth _____

13. ● State Driver's License Number(s) or Social Security #(s) for above listed owner(s), partners, and/or Corp. Officers:

1. _____

3. _____

2. _____

4. _____

14. Colorado Registered Agent (if Corporation or LLC): _____ (Name)

_____ (Address & Phone #)

15. Date business activity began or will begin in Northglenn: _____

16. Did You Purchase an Existing Business? ___Yes ___No If Yes: Date of Purchase _____

Name of Prior Owner and Tax Account # _____

17. Nature of Business/Type of Sales: _____

18. Hours of Business Operation: _____

19. Contact for Business Records: _____ Phone: _____

20. Emergency Contact Name: _____ Phone: _____

21. Federal Standard (SIC) Industry Code (if known) _____

22. Hazardous Materials Stored at Business Location: _____

23. Landlord (if business located in Northglenn): _____ Phone: _____

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

23. Signature of Owner/Officer: _____ 20. Title: _____

24. Printed Name: _____ 22. Date: _____

Application will be processed when all applicable items are completely filled out.

Note: Items noted with a (●) are kept strictly confidential