City and County of Broomfield, One DesCombes Drive, Broomfield CO 80020
Finance Department, Sales Tax Division

Sales Tax License Application

E-Mail: salestax@broomfield.org Web: http://www.broomfield.org 303-464-5811 FAX 303-410-3802

** *Please fill out all sections completely* **

Incomplete application will delay license application process

No license fee required

Business Information

Business Name _____

DBA Name (if different) _____

Physical Address _____

City _____ State _____ Zip _____

Business Phone (_____)_____ Business Fax (_____)_____

Business Web Address_____ Business E-Mail _____

Mailing Information

Contact Person _____ Phone _____

Mailing Address _____ City _____

State _____ Zip _____ Contact E-mail _____

Owner/Officer Information

Name:_____ Personal Phone/Address _____

Name:_____ Personal Phone/Address _____

Type of Ownership Individual/Sole Proprietor _____ Partnership _____ LLC _____ Corporation _____ Trust____

Type of Location Commercial/Retail _____ Home Based _____ Peddler _____ Cart/Kiosk _____

FEIN or SSN _____ **Colorado Dept. of Revenue Sales Tax #** _____

Reporting Frequency Monthly ____ Quarterly ____ Annually ____ **Purchased Existing Business** Yes ____ No ____

New Business in Broomfield Yes ____ No ____ **Registered w/ Secretary of State in Colorado** Yes ____ No ____

Date you will start business in Broomfield _____

Description of business (please detail types of services/products and nature of business) _____

_____

_____

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 Colorado tax laws and regulations, and to the best of my knowledge and belief, are true, correct and complete.

SIGNATURE _____ DATE _____

For Sales Tax Department only:	
Account Number Issued:	*Entered by/Date:*