



**CITY OF CENTRAL**  
**BUSINESS LICENSE/SALES TAX LICENSE APPLICATION**  
Finance Department, P. O. Box 249, Central City, CO 80427  
303-582-5251 ext. 3

**IS THIS INFORMATION DIFFERENT FROM THE PREVIOUS YEAR? Yes No**

**For renewal: Current sales tax license number:** \_\_\_\_\_

Indicate in proper space below the type of ownership:

Individual \_\_\_ Co-partnership or Company \_\_\_ Corporation \_\_\_ Association or Club \_\_\_

Specify other type \_\_\_\_\_

License to be issued in the name(s) of \_\_\_\_\_

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

Business is located at \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

**Email Address** \_\_\_\_\_

Description of Business \_\_\_\_\_

**Business/Sales Tax License \$35.00**

Sales Tax Filing Frequency: Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Yearly \_\_\_\_\_

Do you need sales tax remittance forms? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Printed name of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**LICENSE MAILED:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

