



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: ____ / ____ / ____