



2012

Sales and Use Tax License Application

_____ Corporate Name of Business	_____ Trade (DBA) Name of Business
_____ Federal Employee ID number	_____ Colorado State Sales Tax Number
_____ Address of Business in Castle Pines	_____ Business Mailing (Contact) Address
_____ Business Phone Number	_____ Contact Phone Number
_____ Contact Name & Title	_____ Contact Email Address

Description of Business Activity: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mail/Internet Order |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Grocery Food | <input type="checkbox"/> Repairs |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Automobile Services | <input type="checkbox"/> Deliveries |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Liquor | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Leasing | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Personal Services (specify) _____ | | |
| <input type="checkbox"/> Professional Services (specify) _____ | | |
| <input type="checkbox"/> Other (specify) _____ | | |

FE E	Application received through June 30 th : \$15 fee (\$5 application fee and \$10 annual license fee)
	Application received July 1 st through December 31 st : \$10 fee (\$5 application fee and \$5 annual license fee), only as long as the application is received 30 days after the business begins taxable activity in the City.
	Please make checks payable to the City of Castle Pines

_____ Signature of Officer/Member/Owner	_____ Date
_____ Printed Name	_____ Title

(FOR CITY USE ONLY)			
License Number: _____	Date Received: _____	Date Paid: _____	
Total Amount Due: \$ _____	Total Amount Paid: \$ _____	Balance Due: \$ _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Staff Initials: _____	