



**Financial Services**  
 Sales Tax Division  
 215 North Mason Street, 2<sup>nd</sup> Floor  
 P.O. Box 580  
 Fort Collins, CO 80522  
**970.221.6780**  
 970.221.6782 - fax  
[fcgov.com/salestax](http://fcgov.com/salestax)

### Temporary Sales Tax License

Please provide the following information along with payment of City of Fort Collins Sales Tax:

Taxpayer Name and Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

Return Due Date: \_\_\_\_\_  
 (Due the 20<sup>th</sup> of the month following the event)

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

<b>Total Sales from the event</b>	\$ _____
<b>Amount of Fort Collins Sales Tax- 3.85% of total sales (THIS IS THE TOTAL DUE)</b>	\$ _____
<b>Taxpayer Signature</b>	Under penalties of perjury, I declare I have examined this Temporary Sales Tax return and it is true and correct to the best of my knowledge and belief.
	_____ Signature <span style="float: right;">Date</span>
	_____ Printed Name

**Return this form with Check or Money Order to:**

**City of Fort Collins**  
 Sales Tax Department  
 PO Box 440  
 Fort Collins, CO 80522-0439