



APPLICATION FOR LODGING TAX LICENSE

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD. PHONE (970) 221-6780 FAX (970) 221-6782

INSTRUCTIONS:

- PLEASE PRINT OR TYPE INFORMATION. FORM MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL NOT BE PROCESSED.
- SIGN AND RETURN TO: CITY OF FORT COLLINS / SALES AND USE TAX OFFICE
P.O. BOX 580 / 215 NORTH MASON STREET, 2ND FLOOR
FORT COLLINS, CO 80522-0580
- UPDATE ALL CHANGES IN BELOW INFORMATION ON REGULARLY SUBMITTED TAX RETURNS.
- NO LICENSE FEE REQUIRED.

INFORMATION ABOUT BUSINESS

TYPE OF BUSINESS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER (SPECIFY) _____

BUSINESS NAME: _____ CORPORATE NAME: _____

BUSINESS ADDRESS: _____ MAILING ADDRESS: _____

CITY STATE, ZIP+4: _____ CITY, STATE, ZIP + 4: _____

BUSINESS PHONE NUMBER: _____ CORPORATE PHONE NUMBER: _____

DATE BUSINESS BEGAN OPERATION WITHIN THE CITY OF FORT COLLINS OR DATE BUSINESS WAS PURCHASED:
NEW: _____ PURCHASED: _____

OWNERS/OFFICERS - IF MORE THAN TWO, LIST OTHERS ON BACK OF FORM

NAME: _____ TITLE: _____

HOME ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE, ZIP + 4: _____ PHONE: _____

NAME: _____ TITLE: _____

HOME ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE, ZIP + 4: _____ PHONE: _____

REPORTING FREQUENCY: MONTHLY _____ QUARTERLY _____ ANNUAL _____
QUARTERLY FILING ALLOWED IF TAX COLLECTED IS UNDER \$50.00 PER MONTH. ANNUAL FILING BY PERMISSION ONLY.

PERSON TO CONTACT ABOUT YOUR TAX RETURN: _____ PHONE: _____

FILING PREFERENCE (IF YOU HAVE MORE THAN ONE LICENSE AND/OR LOCATION): EACH LOCATION _____ CONSOLIDATED _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: _____ TITLE: _____ DATE: _____

FOR OFFICE USE ONLY ACCOUNT NUMBER: _ _ _ _ _ REPORTING FREQ: _ AUDIT FREQ: _ _ SIC: _ _ _ _ _

GEO CODE: _ _ _ _ _ STATUS: _ OTHER TAX: _ PREFILING DATES: _ _ / _ _ _ _ / _ _ _ _ USE TAX FORM: _