



Finance Department
P. O. Box 419
Alamosa, CO 81101
Phone: (719) 589-2593
Fax: (719) 589-4526

LICENSE TO SELL AND COLLECT TAXES APPLICATION

\$15.00 FEE-RETAIL SALES TAX

NAME OF BUSINESS AND MAILING ADDRESS:

NAME OF BUSINESS AND PHYSICAL BUSINESS ADDRESS
 (If different from mailing address)

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

DRIVER LICENSE NUMBER & STATE: _____

IS THIS IS BUSINESS CONDUCTED OVER THE INTERNET, BY CATALOG, PHONE, DIRECT MAIL OR IN PERSON SALES? YES/NO (NOTE: If yes, then any sales made to customers within the city limits of Alamosa are subject to city, county, and state sales taxes.)

FEDERAL ID#: _____ (REQUIRED) STATE ID#: _____ (REQUIRED)

DATE BUSINESS STARTED: _____

TYPE OF BUSINESS: _____

TYPE OF BUSINESS (WHAT DO YOU DO OR SELL, AND TO WHOM): _____

PLEASE CHECK:

- Renewal A City License will be issued.
- New Applicant A City License and a City account Number will be issued.
- One Time Sale A City License will not be issued and the City Account terminated. **NO FEE.**

 APPLICANT SIGNATURE

 DATE

FOR ACCOUNTING AND FINANCE OFFICE USE ONLY

REGULAR FEE COLLECTED _____

MOBILE FEE COLLECTED: _____

TRANSIENT FEE COLLECTED: _____

LICENSE#: _____

TAX ACCOUNT NUMBER: _____

RECEIPT # _____ DATE: _____

BY: _____ MAILED: _____