

APPLICATION FOR SALES TAX LICENSE

CITY OF GRAND JUNCTION FINANCIAL OPERATIONS (SALES TAX)
250 NORTH 5TH STREET, GRAND JUNCTION, COLORADO 81501 (970) 244-1521

A \$10 NON-REFUNDABLE APPLICATION FEE MUST BE PAID WITH THE APPLICATION
NOTE: Application for License will be rejected unless all questions are fully answered.

1. BUSINESS OWNER _____

2. TRADE NAME/DOING BUSINESS AS (DBA) _____

3. BUSINESS LOCATION _____
Street Address City State Zip

4. MAILING ADDRESS _____
P.O. Box or Street Address City State Zip

5. Business Location PHONE _____ Accounting PHONE _____

6. FEDERAL ID # _____ OR SOC. SEC. # _____

Please Note: If you are a Sole Proprietor, and do not have an FEIN, it is required by law that you provide a signed Affidavit of Lawful Presence and one of the forms of identification listed.

7. STATE OF COLORADO SALES TAX ACCOUNT NUMBER _____

8. Indicate type of ownership: _____ What do you sell? _____
INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

9. A. STARTING DATE OF RETAIL SALES IN GRAND JUNCTION: _____
B. HAVE YOU HAD PREVIOUS CITY TAXABLE SALES: YES NO
C. HAVE ALL OUTSTANDING TAXES BEEN FILED AND PAID: YES NO
D. CIRCLE: HOME BUSINESS STORE FRONT IN GJ OUT OF CITY FARMER'S MARKET

10. HOW MANY LOCATIONS WILL YOU HAVE IN THE CITY OF GRAND JUNCTION? _____
Separate Applications May be Required for Multiple Locations.

11. LIST ANY SALES TAX LICENSES HELD WITH THE CITY OF GRAND JUNCTION CURRENTLY AND IN THE LAST THREE YEARS _____

12. ESTIMATE YOUR MONTHLY AMOUNT OF CITY TAXABLE SALES \$ _____

NAME (please print) _____ TITLE _____

SIGNATURE _____ DATE _____

IF YOUR BUSINESS IS LOCATED INSIDE CITY LIMITS YOU WILL NEED TO SUBMIT AN INITIAL USE TAX RETURN IN ADDITION TO YOUR APPLICATION

*****OFFICIAL USE ONLY*****

FILING STATUS: MONTHLY _____ QUARTERLY _____ ANNUAL _____

INITIAL USE YES _____ NO _____ WHY _____

FEE REC/DATE

ACCOUNT NUMBER _____

Business Name

City of Grand Junction
Affidavit of Lawful Presence

Required for Sole Proprietors applying for Sales Tax Licenses

AFFIDAVIT OF LAWFUL PRESENCE	<p>I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):</p> <p><input type="checkbox"/> I am a United States Citizen, or</p> <p><input type="checkbox"/> I am a legal Permanent Resident of the United States, or</p> <p><input type="checkbox"/> I am otherwise lawfully present in the United States pursuant to Federal Law</p>	
	<p>I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.</p>	
	Signature:	Date:

Per House Bill 2006S-1023, you must provide one of the following forms of identification:

Valid Colorado Driver's license

Colorado ID Card

United States Military Card or Military Dependent Card

United States Coast Guard Merchant Mariner Card

Native American Tribal Document

Other document allowed by the Colorado Department of Revenue Rules for lawful presence.