

1 TO 2 DAY EVENT LICENSE

**CITY OF WOODLAND PARK
FINANCE DEPARTMENT
PO BOX 9045
220 WEST SOUTH AVENUE
WOODLAND PARK, CO 80866**

ATTACHED PLEASE FIND THE FOLLOWING:

1. 1 TO 2 DAY EVENT APPLICATION
2. SALES TAX RETURN

In order to conduct business within the City limits you must be licensed. There is no fee for licensing your business if you are conducting business for only 1 or 2 days within the City limits. However, you must register with us via the attached application and collect the City's 3% Sales Tax. The forms and tax collected are due by the 20th day of the following month after the event if taxes are due.

If your business activity extends beyond 2 days in a calendar year you must obtain a permanent business/sales tax license. The cost of the license is \$50.00 annually. Please call for prorated and penalty fee information.

If you have any question regarding these forms, call (719) 687-9246 for further assistance.

Thank you,

Kellie J. Case
Finance Director
City of Woodland Park

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PO BOX 9045
220 WEST SOUTH AVENUE
WOODLAND PARK, CO 80866
(719) 687-9246**

PLEASE ANSWER ALL QUESTIONS COMPLETELY

Date: _____

Business Name: _____ Phone _____

D.B.A., if applicable: _____ Fax _____

Business Address: _____

Mailing Address: _____

Description of Business: _____

Dates of Event in Woodland Park: _____

Description of Event in Woodland Park: _____

Type of Business Ownership:

_____ Individual – Social Security # _____

_____ Partnership – Social Security #s _____

_____ Corporation – Federal Tax ID # _____

Name and Title of Person Responsible for Completing Tax Return, if applicable:

Name: _____ Title _____

I declare, under penalty of perjury, that this application has been examined by me and that all statements made herein are in good faith and to the best of my knowledge and belief are true, correct and complete.

Signature of Owner/Principal _____ Title _____

Printed Name _____ Phone _____

TAXPAYER'S NAME AND ADDRESS

PERIOD COVERED _____ ACCOUNT NUMBER _____
 DUE DATE _____

CITY OF WOODLAND PARK
SALES/USE TAX RETURN

REVENUE DEPARTMENT • 220 W. South Avenue • P.O. BOX 9045 • Woodland Park, CO 80866-9045
 (719) 687-9246

COMPUTATION OF TAX

5. AMOUNT OF CITY SALES TAX: **3% OF LINE 4**

5a. CITY LODGING TAX AMOUNT SUBJECT TO TAX: _____ X 5.7% = _____

6. EXCESS TAX COLLECTED: _____

7. TOTAL SALES & LODGING TAX DUE: (ADD LINES 5,5a, AND 6) _____

8. CITY USE TAX ^(FROM SCHEDULE B) AMOUNT SUBJECT TO TAX: _____ X 1% = _____

9. TOTAL TAX DUE: (ADD LINES 7 AND 8) _____

10. **LATE FILING** IF RETURN IS FILED AFTER DUE DATE THEN ADD: PENALTY: 10% _____ ENTER TOTAL _____
 INTEREST PER MONTH: .75% _____

11. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 9 AND 10) _____

12. ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE A - ADD _____ B - DEDUCT _____

13. TOTAL DUE AND PAYABLE: **(MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF WOODLAND PARK)** _____

1. GROSS SALES AND SERVICE (TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS, AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE)

2A. ADD: BAD DEBTS COLLECTED

2B. TOTAL LINES 1 & 2A

3. A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE) _____
 B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE _____
 C. SALES SHIPPED OUT OF CITY AND OR STATE (INCLUDED IN ITEM 1 ABOVE) _____
 D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID) _____
 E. TRADE-INS FOR TAXABLE RESALE _____
 F. SALES OF GASOLINE AND CIGARETTES _____
 G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS _____
 H. RETURNED GOODS _____
 I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES _____
 J. OTHER DEDUCTIONS (LIST) _____
 K. _____
 L. _____

3. TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THROUGH L) _____

4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS TOTAL LINE 3) _____

FOR CHANGES TO EXISTING BUSINESS PLEASE CHECK THE BOX AND COMPLETE THE REVERSE SIDE. ALWAYS SIGN REVERSE SIDE OF FORM.

CITY USE ONLY

BATCH # _____

CHECK # _____

AMT. _____

PLEASE COMPLETE THIS FORM ON REVERSE SIDE

SCHEDULE - B - CITY USE TAX

The Woodland Park Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City building and construction materials.

SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT

This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with the column headings. If additional space is needed attach schedule in same format.

DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 FRONT OF RETURN)
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED-ATTACH SCHEDULE IN SAME FORMAT)						\$	\$
			\$				
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX ENTER TOTAL LINE (B) ON LINE 8 ON FRONT OF RETURN			\$	ENTER TOTALS HERE AND ON FRONT OF RETURN			\$

NEW BUSINESS DATE
 MO. DAY YR.

DISCONTINUED DATE
 MO. DAY YR.

1. If ownership has changed, give date of change and new owner's name
2. If business has been permanently discontinued, give date discontinued
3. If business location has changed, give new address
4. Records are kept at what address?
5. If business is temporarily closed, give dates to be closed
6. If business is seasonal, give month of operation
7. If this return includes sales for more than one location, refer to and complete schedule "C"

SHOW BELOW CHANGE OF OWNERSHIP AND/OR ADDRESS, ETC.

BUS ADDRESS MAILING ADDRESS

I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.

BY _____

COMPANY _____

PHONE _____

TITLE _____ DATE _____