

APPLICATION FOR BUSINESS / SALES TAX LICENSE
CITY OF WOODLAND PARK
P.O. BOX 9045
WOODLAND PARK, COLORADO 80866-9045
(719) 687-9246 FAX (719) 686-1010

PLEASE CHOOSE ONE AND COMPLETE AS REQUESTED

SIGNATURE IS REQUIRED AND INCOMPLETE APPLICATIONS WILL BE RETURNED

- NEW APPLICATION** - Complete all questions and sign below
- RENEWAL- NO CHANGES** - CURRENT WOODLAND PARK BUSINESS ID # _____
Complete only question # 1 and sign below
- RENEWAL – WITH CHANGES** – CURRENT WOODLAND PARK BUSINESS ID # _____
Complete questions where information has changed and sign below

1. Company Name: _____ Phone _____
2. D.B.A. if Applicable: _____ Fax _____
3. Mailing Address: _____ City _____ State _____ Zip _____
4. Physical Address: _____ City _____ State _____ Zip _____
5. E-Mail Address: _____
6. Description of Business: _____
7. Date business activity first conducted in Woodland Park : _____
8. Business locations inside Woodland Park City limits: _____

9. Type of Ownership: _____ Individual Social Security # _____ D.O.B. _____
_____ Partnership _____ Corporation/LLC Federal Tax ID # _____
State of Colorado Sales Tax License # _____
Partnerships & Corporations: attach list of names of Officers and Titles.
10. Name of Local Manager: _____ Phone # _____
11. Woodland Park Tax Liability: _____ Sales Tax _____ Use Tax _____ Both
Select tax return filing frequency
_____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually
_____ Tax Liability Not Applicable-PLEASE EXPLAIN _____

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

Signature of Owner/Officer: _____ Title: _____
Printed Name: _____ Phone #: _____
Date: _____

COST: \$50 ANNUALLY – EXPIRATION DECEMBER 31ST - Call for prorated and penalty information

TO BE COMPLETED BY THE CITY OF WOODLAND PARK FINANCE DEPARTMENT

Batch # _____ Approval/Denial _____
Check # _____ Comments: _____
Amount _____