



City of Woodland Park  
Finance Department  
PO Box 9045  
220 West South Ave.  
Woodland Park, CO 80866

## 1 to 2 Day Event License

Attached, Please find the following:

1. 1 to 2 Day Event Application
2. Sales Tax Remittal Form

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 to 2 days within the City Limits. However, you must register with us using the attached application and collect City of Woodland Park Sales tax of **4.09%**. The Sales/Use tax form along with the collected sales tax must be submitted to the City by the 20<sup>th</sup> of the following month after the event.

If your business activity extends beyond the 2 days in a calendar year, you must obtain a permanent business/ sales tax license. The cost of the license is \$42.50 annually. Please call for prorated/penalty fee information.

If you have any questions regarding these forms or filing sales tax, please either email [JLehtinen@city-woodlandpark.org](mailto:JLehtinen@city-woodlandpark.org) or call (719) 687-5214 for further assistance.

Thank you,

Jennifer Lehtinen  
Finance Technician  
City of Woodland Park



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Finance Department  
PO Box 9045  
220 West South Ave.  
Woodland Park, CO 80866

## 1 to 2 Day Event License Application

Please answer ALL questions completely:

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DBA, if applicable: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Date(s) of Event in Woodland Park: \_\_\_\_\_

Type of Business Ownership: ( ) Individual ( ) Partnership ( ) Corporation

Federal Tax ID# or Social Security#: \_\_\_\_\_

Name and Title of Person Responsible for completing the Tax Return: \_\_\_\_\_

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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: \_\_\_\_\_

<b>PERIOD COVERED</b> DUE DATE	<b>TAXPAYER'S NAME AND ADDRESS</b>	<b>ACCOUNT NUMBER</b>

## 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: <b>4.09%</b> OF LINE 4		00
5a. CITY LODGING TAX AMOUNT SUBJECT TO TAX: _____ X 5.7% =		00
6. EXCESS TAX COLLECTED:		00
7. TOTAL SALES & LODGING TAX DUE: (ADD LINES 5,5a, AND 6)		00
8. CITY USE TAX <small>(FROM SCHEDULE B)</small> AMOUNT SUBJECT TO TAX: _____ X 1% =		00
9. TOTAL TAX DUE: (ADD LINES 7 AND 8)		00
10. <b>LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN</b> ADD: PENALTY: 10% <input type="checkbox"/> 00 INTEREST PER MONTH: .75% <input type="checkbox"/> 00 ENTER TOTAL		00
11. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 9 AND 10)		00
12. <b>ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE</b> A - ADD <input type="checkbox"/> B - DEDUCT <input type="checkbox"/>		00
13. TOTAL DUE AND PAYABLE: <b>(MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF WOODLAND PARK)</b>		00

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

1.	GROSS SALES AND SERVICE <small>(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)</small>		00
2A.	ADD: BAD DEBTS COLLECTED		00
2B.	TOTAL LINES 1 & 2A		00
3.	A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)	00	
	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	00	
	C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)	00	
	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	00	
	E. TRADE-INS FOR TAXABLE RESALE	00	
	F. SALES OF GASOLINE AND CIGARETTES	00	
	G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	00	
	H. RETURNED GOODS	00	
	I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES	00	
	J. OTHER DEDUCTIONS (LIST)	00	
	K. _____	00	
	L. _____	00	
	3. TOTAL DEDUCTIONS <small>(TOTAL OF LINES 3 A THRU L)</small>		00
4.	TOTAL CITY NET TAXABLE SALES & SERVICE <small>(LINE 2B MINUS TOTAL LINE 3)</small>		00

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.			
DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED-ATTACH SCHEDULE IN SAME FORMAT)			
			\$ 00
			00
			00
			00
			00
			00
			00
			00
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX ENTER TOTAL LINE (B) ON LINE 8 ON FRONT OF RETURN			\$ 00

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.			
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)
		\$ 00	\$ 00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
ENTER TOTALS HERE AND ON FRONT OF RETURN		\$ 00	\$ 00

NEW BUSINESS DATE MO. DAY YR.	DISCONTINUED DATE MO. DAY YR.	<ol style="list-style-type: none"> <li>1. If ownership has changed, give date of change and new owner's name</li> <li>2. If business has been permanently discontinued, give date discontinued</li> <li>3. If business location has changed, give new address</li> <li>4. Records are kept at what address? _____</li> <li>5. If business is temporarily closed, give dates to be closed</li> <li>6. If business is seasonal, give month of operation</li> <li>7. If this return includes sales for more than one location, refer to and complete schedule "C"</li> </ol>
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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 \_\_\_\_\_