

TOWN OF BERTHOUD
SALES TAX DIVISION
PO BOX 1229
BERTHOUD CO 80513



SALES TAX LICENSE APPLICATION

1. APPLICATION DATE: _____

2. STATE OF COLORADO SALES TAX ACCOUNT: _____

3. TYPE OF FILING: MONTHLY _____ QUARTERLY _____ ANNUALLY _____

4. TYPE OF OWNERSHIP: _____

5. NAME: FIRST INDIVIDUAL _____

LAST

FIRST

SECOND INDIVIDUAL _____

LAST

FIRST

6. DBA (TRADE NAME) _____

7. C/O OR ATTN NAME: _____

8. LOCATION ADDRESS: _____

9. MAILING ADDRESS: _____

10. WHAT DOES THE TAXPAYER SELL: _____

11. BUSINESS PHONE NUMBER: _____

12. FEE ENCLOSED: \$10.00 fee for license _____

AUTHORIZED BY: _____

PREPARED BY: _____