

Town of Berthoud

APPLICATION FOR LODGING TAX LICENSE

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD. PHONE 970 532-2643 FAX (970) 532-0640

- INSTRUCTIONS:
1. PLEASE PRINT INFORMATION. APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE PROCESSED.
 2. SIGN AND RETURN TO: TOWN OF BERTHOUD P.O. BOX 1229, 807 MOUNTAIN AVE, BERTHOUD, CO 80513
 3. UPDATE ALL CHANGES IN BELOW INFORMATION ON REGULARLY SUBMITTED TAX RETURNS.
 4. NO LICENSE FEE REQUIRED.

INFORMATION ABOUT BUSINESS

TYPE OF BUSINESS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ HOTEL _____ OTHER (SPECIFY) _____
(IE: AIRBnB)

BUSINESS NAME: _____ CORPORATE NAME: _____

BUSINESS ADDRESS: _____ MAILING ADDRESS: _____

CITY STATE, ZIP+4: _____ CITY, STATE, ZIP + 4: _____

BUSINESS PHONE NUMBER: _____ CORPORATE PHONE NUMBER: _____

DATE BUSINESS BEGAN OPERATION WITHIN THE TOWN OF BERTHOUD OR DATE BUSINESS WAS PURCHASED:

NEW: _____ PURCHASED: _____

OWNERS/OFFICERS - IF MORE THAN TWO, LIST OTHERS ON BACK OF FORM

NAME: _____ TITLE: _____

HOME ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE, ZIP + 4: _____ PHONE: _____

EMAIL ADDRESS: _____

NAME: _____ TITLE: _____

HOME ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE, ZIP + 4: _____ PHONE: _____

EMAIL ADDRESS: _____

REPORTING FREQUENCY: MONTHLY _____ QUARTERLY _____
QUARTERLY FILING ALLOWED IF TAX COLLECTED IS UNDER \$50,000 PER MONTH.

PERSON TO CONTACT ABOUT YOUR TAX RETURN: _____ PHONE: _____

FILING PREFERENCE (IF YOU HAVE MORE THAN ONE LICENSE AND/OR LOCATION): EACH LOCATION _____ CONSOLIDATED _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ TITLE: _____ DATE: _____

FOR OFFICE USE ONLY -- ACCOUNT NUMBER: _____ REPORTING FREQ: _____ AUDIT FREQ: _____

Applications should be delivered to:

Town of Berthoud
Attn. Cindy Leach
807 Mountain Avenue/PO Box 1229
Berthoud, Colorado 80513