



20 BUSINESS / SALES TAX LICENSE APPLICATION

For General Business or Retail Sales Tax

\$10 annual fee. Late Fees apply to Sales Tax Renewals received after Dec 31st (Windsor Municipal Code Sec 4-3-310)

Business may not be conducted until a Business / Sales Tax License has been issued.

Please allow 10 business days for processing and approval.

Inspections May Be Required: It is your responsibility to contact Windsor Severance Fire Rescue (970-686-2626) and SAFEbuilt Colorado (970-686-7511) to determine if an inspection is required. This must be done before your license can be approved.

Date Received	
Amount Paid	
Check Number	
Receipt Number	
Date Issued	
License Number	
Issued By	
GEO Code	
SIC Code	

Business Information <small>IF YOUR BUSINESS IS LOCATED WITHIN TOWN LIMITS, THIS INFORMATION WILL BE LISTED ON THE TOWN WEBSITE BUSINESS DIRECTORY</small>	†TYPE OF APPLICATION: <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> New Application <input type="checkbox"/> Renewal			
	†BUSINESS NAME		TRADE NAME (Doing Business As)	
	†TAXPAYER NAME (Owner(s), Partner(s), or Corporation name)			
	†BUSINESS LOCATION ADDRESS (No P.O. Box)		†CITY	†STATE †ZIP
	MAILING ADDRESS		CITY	STATE ZIP
	†BUSINESS PHONE	BUSINESS FAX	BUSINESS WEBSITE	BUSINESS E-MAIL
	†CONTACT NAME/TITLE		†CONTACT PHONE	CONTACT FAX CONTACT E-MAIL

General Business Information	†TYPE OF BUSINESS (Check all that apply)			
	<input type="checkbox"/> Communications / Telecom	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Technical / Scientific	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> Direct Sales	<input type="checkbox"/> Finance/Leasing/Banking	<input type="checkbox"/> Construction	<input type="checkbox"/> Office Only
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Insurance / Real Estate	<input type="checkbox"/> Delivery Only	<input type="checkbox"/> Professional
	<input type="checkbox"/> Retail	<input type="checkbox"/> Mail Order / Internet	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Service
†SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED:			†START DATE OF BUSINESS IN WINDSOR ____ / ____ / ____.	
†THIS BUSINESS:				
<input type="checkbox"/> Is in a private Windsor residence that is owned by applicant (Home Occupation Registration is required – see Page 3)				
<input type="checkbox"/> Is in a private Windsor residence and is leased by applicant (Home Occupation Registration & Landlord Statement are required – see Page 3)				
<input type="checkbox"/> Is in a commercial building				
<input type="checkbox"/> Has no physical location in Windsor				
†SQ. FT OF WINDSOR LOCATION		†NUMBER OF EMPLOYEES (include self) Full time _____ Part time _____		MANAGER'S NAME

Locations	DO YOU HAVE OTHER LOCATIONS IN WINDSOR? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", a separate application must be completed for each business location WMC Sec. 4-3-310(d)			
	YEARS AT CURRENT LOCATION		PREVIOUS LOCATION (CITY, STATE & ZIP)	

Other	†DO YOU SELL, DISTRIBUTE, DELIVER OR GROW MEDICAL MARIJUANA? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	†DO YOU CHARGE YOUR CUSTOMER SALES TAX? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", completion of page 2 is Mandatory per WMC Sec. 4-3-310.			
	†WILL YOU BE SELLING, OR RESELLING, OR DISTRIBUTING, OR DELIVERING ANY TANGIBLE PROPERTY IN THE TOWN OF WINDSOR?			
<input type="checkbox"/> No Skip to page 3 and 4 and complete all that may apply.				
<input type="checkbox"/> Yes Sales Tax License is Required. Complete page 2 (Mandatory per WMC Sec. 4-3-310), and pages 3 and 4 if applicable.				

Signature	I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I understand that while this document is not public record by itself, non-confidential items are public record. All confidential items on this application are noted as being confidential. Furthermore, I understand that any business and tax license issued by the Town does not allow me to conduct or maintain any business, occupation or activity prohibited by statute or ordinance.		
	†APPLICANT'S SIGNATURE		†PRINTED NAME †DATE



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CONFIDENTIAL

All information provided in this section of the application is required for a Retail Sales Tax License. This information is considered confidential and will not be publically released.

Filing Information	† FILING FREQUENCY OF SALES TAX: <input type="checkbox"/> Monthly (if tax is <i>more</i> than \$300 per month) <input type="checkbox"/> Quarterly (if tax is <i>less</i> than \$300 per month) <input type="checkbox"/> Annually (if tax is <i>less</i> than \$100 per month)	IF BUSINESS IS SEASONAL, CHECK EACH MONTH OPEN FOR BUSINESS: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
	† FEDERAL EMPLOYER I.D. (FEIN) (Social Security Number if there is no FEIN number)	† STATE OF COLORADO SALES TAX NUMBER (For all retail & exempt businesses)

Ownership Information	† TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietor (Requires copy of proof of I.D. and Affidavit of Lawful Presence – See Page 4) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Other _____			
	† COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (Use additional sheet if necessary)			
	1) NAME	TITLE	HOME PHONE	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE ZIP
	2) NAME	TITLE	HOME PHONE	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE ZIP
	3) NAME	TITLE	HOME PHONE	SOCIAL SECURITY NUMBER
HOME ADDRESS		CITY	STATE ZIP	

Purchase of Business	IF YOU PURCHASED THE BUSINESS IN WHOLE OR PART, COMPLETE THE FOLLOWING: (All price information in this section is confidential information)			
	FORMER BUSINESS NAME	DATE OF ACQUISITION / /	FORMER OWNER LICENSE NUMBER	PRICE OF PERSONAL PROPERTY (Fixtures, machinery and equipment)
	PRIOR OWNER'S NAME	ADDRESS	CITY	STATE ZIP

Signature	I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I understand that while this document is not public record by itself, non-confidential items are public record. All confidential items on this application are noted as being confidential. Furthermore, I understand that any business and tax license issued by the Town does not allow me to conduct or maintain any business, occupation or activity prohibited by statute or ordinance.		
	† APPLICANT'S SIGNATURE (person completing this confidential information)	† PRINTED NAME	† DATE



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IF THE BUSINESS IS IN A PRIVATE WINDSOR RESIDENCE, A HOME OCCUPATION REGISTRATION MUST BE COMPLETED.

Home Occupation Registration	†BRIEF DESCRIPTION OF THE BUSINESS YOU ARE CONDUCTING IN YOUR HOME:			
	† IS YOUR BUSINESS ASSOCIATED WITH A SPECIFIC EMPLOYMENT ACTIVITY WHICH HAS A PRIMARY ADDRESS ELSEWHERE, DOES NOT INCLUDE VISITS BY VENDORS, CUSTOMERS OR CLIENTS AND DOES NOT ENTAIL COMMERCIAL SHIPPING OR RECEIVING? <input type="checkbox"/> No (continue to next question) <input type="checkbox"/> *Yes (if yes, please list your company name, address, and initial and date this portion of the form as you comply with the definition of telecommuter and no further information regarding home occupation registration is required).			
	*Company Name	Address	Initials	Date
	† DOES THE SPACE REQUIRED FOR YOUR BUSINESS EXCEED 25% OF THE TOTAL FLOOR AREA OF THE DWELLING UNIT OR 500 SQUARE FEET, WHICHEVER IS LESS)? NOTE: CHILD CARE IS EXEMPT FROM THIS REGULATION (PLEASE SEND A COPY OF YOUR STATE LICENSE). <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† DO YOU HAVE MORE THAN ONE (1) EMPLOYEE WHO IS NOT LIVING IN YOUR HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† WILL THERE BE ANY EXTERIOR (OUTDOOR) STORAGE OF BUSINESS MATERIALS OR EQUIPMENT ON THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† DO YOU HAVE, OR DO YOU INTEND TO HAVE, ANY ADVERTISING DISPLAY, SUCH AS A SIGN INDICATING THAT YOU ARE OPERATING A BUSINESS FROM YOUR HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† WILL THERE BE ANY NOISE, VIBRATION, SMOKE, DUST, ODOR, HEAT, OR GLARE NOTICEABLE AT OR BEYOND THE PROPERTY LINE AS A RESULT OF YOUR HOME OCCUPATION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† WILL THE ACTIVITIES ASSOCIATED WITH THE HOME OCCUPATION AFFECT TRAFFIC FLOW IN ANY WAY IN THE NEIGHBORHOOD OR CREATE THE NEED FOR ADDITIONAL PARKING? (THIS INCLUDES PICK-UP AND/OR DELIVERIES, ON-STREET PARKING, ETC.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† WILL THERE BE ANY MERCHANIDISE SOLD OR DISPLAYED FOR SALE, WHICH REQUIRES CUSTOMERS TO VISIT YOUR HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† IF YOUR BUSINESS INVOLVES TUTORING/INSTRUCTION, WILL THERE BE MORE THAN TWO (2) STUDENTS IN THE HOME AT ANY ONE TIME? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	† WHAT IS THE TOTAL PERCENTAGE OF ANY BUILDING ON THE PROPERTY USED FOR STORAGE OF MATERIALS/INVENTORY/EQUIPMENT RELATED TO THE BUSINESS (For example: 25%) _____			
	IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS THEN YOU DO NOT COMPLY WITH THE HOME OCCUPATION CRITERIA OF WMC SECTION 16-10-20 AND MAY NOT CONDUCT THIS BUSINESS FROM YOUR HOME.			
	If granted, I/We the undersigned, agree to comply with the Town of Windsor Municipal Code Section 16-10-20 and any other stipulations as determined by the Planning Department. I/We hereby depose and state under penalties of perjury that all statements submitted within this application are true and correct to the best of my knowledge.			
†APPLICANT'S SIGNATURE			†DATE	

IF THE BUSINESS IS IN A PRIVATE WINDSOR RESIDENCE AND IS LEASED, A LANDLORD STATEMENT MUST BE COMPLETED.

Landlord Statement	†PROPERTY ADDRESS	
	†TENANT NAME	
	†PROPOSED BUSINESS NAME	
	I declare, under penalty of perjury in the second degree, that this application has been examined by me and I am the owner of record at the physical address of this application. The proposed business owner named on this application is my tenant. I have read the application and am aware of the nature of business being conducted on my property. I give permission for this applicant, my tenant, to conduct this business on my property within all the laws, regulations, and requirements of the Town of Windsor.	
†SIGNATURE / PROPERTY OWNER OF RECORD		†DATE
†PRINTED NAME / PROPERTY OWNER OF RECORD		†PHONE NUMBER



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COMPLETE THIS FORM ONLY IF APPLICANT IS APPLYING AS A SOLE PROPRIETOR

Lawful Presence of Affidavit

✦ I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a legal Permanent Resident of the United States, or
- I am otherwise lawfully present in the United States pursuant to Federal law.

✦ Per HB 06S-1023, you must provide a copy of one of the following IDs (please check which one is attached):

- Colorado Driver's License
- Colorado ID card
- Military IDs
- Coast Guard mariner document
- Native American tribal document

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

✦ APPLICANT'S SIGNATURE

✦ DATE