



Town of Windsor  
 Finance Department  
 Sales Tax  
 301 Walnut Street  
 Windsor, CO 80550  
 (970) 674-2486  
 (970) 674-2456 FAX  
 salestax@windsorgov.com

**SPECIAL EVENT SALES TAX LICENSE APPLICATION**  
**\$10.00 FEE (non-refundable) - VALID FOR THIS EVENT ONLY**

Issued upon approval of the  
 Town of Windsor

**LICENSE NUMBER** \_\_\_\_\_ *(Special Event)* **Event Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Event Organizer Name:** \_\_\_\_\_ **Organizer Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Organizer Address** \_\_\_\_\_ **Organizer Daytime Phone** \_\_\_\_\_

Colorado Department of  
 Revenue Special Event  
 or Multi-Event Sales Tax  
 License Number for THIS  
 event (if applicable): \_\_\_\_\_

**Local Sales Tax License Number**  
**(if applicable)** \_\_\_\_\_

(Enter the above license numbers only if this Organizer/Organization will be reporting sales tax to the State of Colorado. And if this Organizer has a regular place of business inside the Town of Windsor, include the current Local Sales Tax License Number.)

The Town of Windsor requires the Special Event Organizer to return this application with a \$10 non-refundable fee. Part of this application will also include a complete Vendor Worksheet listing everyone invited to make sales during the event. The complete worksheet must be filed with the Windsor Finance Department a minimum of 20-days prior to the event. Participants are required by Colorado Statute to hold a Multi-Event sales tax license unless the Event Organizer has obtained the Colorado Special Event or Multi-Event License Number. This Colorado number must be provided to the Town of Windsor Finance Department no less than twenty (20) workdays prior to the event. No vendor will be allowed at the event without the proper State license. Each State number is verified for compliance. The approved Vendor worksheet is then sent to the Colorado Department of Revenue one week before the event. **The Special Event License issued under this application is for the Town of Windsor ONLY and only at the location approved on the license. This license does not supercede or include any other license required by the Town of Windsor or agency in Colorado. This license is not inclusive nor does it authorize approval of any other Windsor Ordinance and/or Regulation of any other Department within the Town of Windsor, the State of Colorado, or other agency.** Contact the State of Colorado Department of Revenue for more information concerning the State regulations.

The license, when issued, is subject to all the terms and provisions of the Ordinances and Procedures of the Town of Windsor in force and effect relating hereto, and is subject to revocation and/or denial upon these terms as so accepted by the licensee named herein.

Upon reading the above statement, **APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINTED NAME OF APPLICANT** \_\_\_\_\_

**Town Use Only**

**GEO Code:** \_\_\_\_\_ **Customer Number:** \_\_\_\_\_

**Date of Approval by Town of Windsor's Event Coordinator/Department Head:** \_\_\_\_\_

**Special Event Sales Tax License Approval Date:** \_\_\_\_\_ **Tax Due Date:** \_\_\_\_\_

# VENDOR / PARTICIPANT WORKSHEET - \_\_\_\_\_

VENDOR/PARTICIPANT REVENUE - # \_\_\_\_\_

VENDOR NUMBER	FIRST NAME	LAST NAME	BUSINESS NAME	COLORADO SINGLE-EVENT OR MULTI-EVENT LICENSE #	ADDRESS	CITY	STATE	ZIP	PHONE	T.O.W. LICENSE VERIFICATION NOTES:	EMAIL	TOTAL GROSS SALES	CALCULATED WINDSOR 3.95% SALES TAX DUE	TAX AMOUNT PAID CHECK	TAX AMOUNT PAID CASH	
1																
2																
3																
4																
5																
6																
7																
8																
												<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

(make as many copies of this worksheet as necessary for your event)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

X(SIGN HERE)

PRINTED NAME

DATE

PHONE