

CITY OF GUNNISON

2016 APPLICATION FOR SALES TAX LICENSE

P.O. Box 239
Gunnison, CO 81230
970-641-8070
www.cityofgunnison-co.gov



**NOTE: Application for License will be rejected unless all questions are answered.
A separate application is required for EACH place of business.**

1. _____
Trade Name / Doing Business As Current City Sales Tax #
(leave blank if not a renewal)

2. _____
Owner, Partner or Corporation Name

3. _____
Place of Business Address

4. _____
Mailing Address (if different)

5. _____
Business Phone Contact Phone

6. _____
What do you sell?

7. New applications only:
Starting business date: _____
Is the proposed business authorized in the use zone in which it is located? Yes No
Will you be vending on City property? Yes No
Community Development initials _____ *** Official Use Only ***

8. Filing Frequency (same frequency as the State):
a) Seasonal/One-Time
b) Monthly
c) Quarterly
d) Annually

9. State of Colorado Sales Tax Account Number: _____

If your business has been terminated, please call or write this office in order for your name to be removed from our records.

Please return this completed application to the above address, along with your payment according to the below license fee schedule.

Application Date/Renew Date Signature of Applicant Title

LICENSE FEE SCHEDULE	
ANNUAL RENEWAL	\$ 10.50
NEW APPLICATION (JAN - JUN)	\$ 10.50
NEW APPLICATION (JUL - DEC)	\$ 5.50