



Finance Department
 P. O. Box 419
 Alamosa, CO 81101
 Phone: (719) 589-2593
 Fax: (719) 589-4526

LICENSE TO SELL AND COLLECT TAXES APPLICATION 2009

\$15.00 FEE-RETAIL SALES TAX

NAME OF BUSINESS AND
 MAILING ADDRESS:

NAME OF BUSINESS AND
 PHYSICAL BUSINESS ADDRESS
 (If different from mailing address)

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

DRIVER LICENSE NUMBER & STATE: _____

IS THIS A HOME-BASED BUSINESS? YES/NO
 IS THIS IS HOME-BASED BUSINESS CONDUCTING OVER THE INTERNET? YES/NO (NOTE: If yes, then any sales made to customers within the city limits of Alamosa are subject to city, county, and state sales taxes.)
 IS THIS A BRICKS-AND-MORTAR-TYPE BUSINESS LOCATED OUTSIDE CITY LIMITS CONDUCTING BUSINESS IN ALAMOSA OVER THE INTERNET, TELEPHONE, CATALOG, MAIL, ETC.? YES/NO (NOTE: If yes, then this business will pay USE TAX.)

FEDERAL ID#: _____ **(REQUIRED)** STATE ID#: _____ **(REQUIRED)**

DATE BUSINESS STARTED: _____

TYPE OF BUSINESS: _____

TYPE OF BUSINESS (WHAT DO YOU DO OR SELL, AND TO WHOM): _____

PLEASE CHECK:

- Renewal A City License will be issued.
- New Applicant A City License and a City account Number will be issued.
- One Time Sale A City License will not be issued and the City Account terminated. **NO FEE.**
- MONTHLY If you collect taxes more than \$30.00 per month
- QUARTERLY If you collect taxes between \$10.00-\$30.00 per month
- ANNUALLY If you collect taxes less than \$10.00 per month
- REMITTING USE TAX EXCLUSIVELY

 APPLICANT SIGNATURE

 DATE

FOR ACCOUNTING AND FINANCE OFFICE USE ONLY

REGULAR FEE COLLECTED _____

NO FEE -USE TAX ONLY

MOBILE FEE COLLECTED: _____

TRANSIENT FEE COLLECTED: _____

LICENSE#: _____

TAX ACCOUNT NUMBER: _____

RECEIPT # _____ DATE: _____

BY: _____ MAILED: _____