MAIL APPLICATION AND FEE TO:
SALES TAX & LICENSING DIVISION
749 MAIN STREET
LOUISVILLE, CO 80027
www.louisvilleco.gov

City of Louisville

CONTACT INFO:
EMAIL salestax@louisvilleco.gov
PHONE (303) 335-4516

20____ SALES/USE TAX LICENSE APPLICATION

License Fee $25.00

1	Trade (DBA) Name of Business		
	Taxpayer Name Owner(s), Partner(s), or Corporation		
	Business Location Address -Street, City, State, Zip-		
	Mailing Address -Street, City, State, Zip-		
	Local Business Phone	Local Business Fax	Business Email
	Licensing Office Phone	Licensing Office Fax	Licensing Office Email
	Tax Office Phone	Tax Office Fax	Tax Office Email
	Owner Name, Phone, & Address (Or attach officer listing)		

2	Type of Ownership	☐ Sole Proprietor	☐ Corporation	☐ Partnership	☐ S. Corp
		☐ LLC	☐ Non-Profit	☐ Other (Please Specify)	_____
	Business Description (Required)				
	Primary Business Type	☐ Apparel/Accy's	☐ Bldg Materials (Retail or Time & Materials)		☐ Construction (Lump Sum)
		☐ Comm/Util/Trans	☐ Consulting/Software	☐ Eating/Drinking	☐ Finance/Leasing
		☐ Food Stores	☐ Furniture/Appliance	☐ Gen Merchandise	☐ Manufacturing
		☐ Pers/Bus Services	☐ Wholesale	☐ Other (Please Specify)	_____
	Federal Tax I.D				
	Colorado State Sales Tax #				
	Sales/Use Tax Filing Period	☐ Monthly $100 or more/mo	☐ Quarterly $99 or less/mo	☐ Semi-Annual $50 or less/yr	☐ Annual $25 or less/yr
	Do you want us to mail you City tax returns?	☐ Yes ☐ No		Blank and self-calculating City tax returns are available on-line at www.louisvilleco.gov	
	Date Business Started/Will Start, or Date of First Sale in Louisville				
	Is Your Business Physically Located in the City of Louisville	☐ Yes ☐ No	If "Yes" you must sign this page and complete Page 2. If "No" please **fill out the outside city application.**		

3 I declare under penalty of perjury that the statements made in this application are true and complete to the best of my knowledge. I further acknowledge that issuance of this license does not authorize the conduct of any business in the City which is in violation of zoning regulations or other provisions of the Louisville Municipal Code.

Applicant Name (PRINT) _____

Applicant Title _____

☐ New Application

☐ Renewal

Applicant or
Authorized Agent Signature _____ Date _____

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FAX (303) 335-4527

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20___ APPLICATION - PAGE 2

(This form is ONLY for businesses and home occupations with a physical location in Louisville)

4	Trade (DBA) Name of Business			
	Louisville Location Address -Street, City, State, Zip-			
	CEO			
	Name, Address, Phone, Email			
	Manager/Administration			
	Name, Address, Phone, Email			
	Company Web Site	Years in Current Location	Previous Address	
	Number of Employees in Louisville	Full-Time	Part-Time	Seasonal / Ind Consultants

5	Do you Own or Lease your Building?	☐ Own	☐ Lease (if leased, please complete landlord information)	
	Landlord Name, Address & Phone for this Louisville Location:			
	Type of Business/Sales (Detailed Description of Business Operations)			
	Total Square Footage of Location:		Will there be changes or modifications to this site?	☐ Yes ☐ No
	Do you report hazardous materials under EPCRA or 112R?	☐ Yes ☐ No	Location of MSD Sheets and/or on-site Hazmat Inventory List	
	Normal Business Hours		Who should the City contact for a site visit?	

6	Home Occupation?	☐ Yes	☐ No	
	If Yes, total finished square footage of this home in Louisville:		Total finished square footage of work area:	
	By signing this application, you agree to the conduct your home-based business subject to the terms and limitations described in Section 17-16-040 of the Louisville Municipal Code. It is the applicants responsibility to review the Code.			

7	Date this business was purchased:		Did the sale include any assets, equip, or similar?	☐ Yes ☐ No
	Former Name of Business (At this location)			
	Emergency Contact & Phone#			
	Burglar Alarm (Name & Phone)			
	Fire Alarm (Name & Phone)			

FOR CITY USE ONLY

8		Signature/Comments
	Planning ☐ Yes ☐ No	