



Town of Ault
201 1st Street
P.O. Box 1098
Ault, Colorado 80610
(970) 834-2844

\$10.00 License Fee

Date Rec'd: _____

Payment Method:

SALES TAX LICENSE APPLICATION

Fees good for one calendar year, January 1st through December 31st. No prorating of fees accepted.

License to be issued to: * _____

(Name of Corporation, Partnership, Association or Individual)

Type of Ownership: (Check One)

_____ Individual _____ Corporation _____ Partnership _____ Association

_____ Other _____

Name of Business: * _____

Business Location: * _____

Mailing Address: * _____

Telephone Number: * _____

Email Address: * _____

Product or Service: * _____

EIN: * _____ **State Sales Tax ID: *** _____

***Type of filing (same as State Tax):** _____ Monthly _____ Quarterly

_____ Seasonal _____ Annually

***Names of Partners or Officers of Business:**

"I declare, under penalty of perjury, that this application is true and complete to the best of my knowledge and belief."

* _____
Applicant's or Agent's Signature

* _____
Title

* _____
Date

It is the Business Owners responsibility to register with the State of Colorado who collects sales tax on behalf of the Town of Ault.