



INSTRUCTIONS FOR TEMPORARY SALES TAX LICENSE \$20.00 License Fee

- ✓ This application must be submitted prior to making retail sales.
- ✓ A Temporary License may be applied for if it appears that the license will be used for sixty (60) or fewer consecutive days at a single location.
- ✓ A separate non-refundable \$20.00 license fee and application is required for each location, plus a refundable cash deposit. Please contact this office for the deposit amount due.
- ✓ Answer all questions completely; failure to do so will result in a delay of issuing your license, checks must be payable to the City of Colorado Springs.
- ✓ Mail Application to: City of Colorado Springs, Sales Tax, P.O. Box 1575, Colorado Springs, CO 80901-1575. Physical Address: City of Colorado Springs, Sales Tax, 30 South Nevada Avenue, Suite 203, Colorado Springs, CO 80903 (8-5pm, M-F). Questions: 719/385-5903
- ✓ Please print neatly, use additional sheet if necessary.

Question #1) Choose one, type of ownership (entity structure): **Sole Proprietor**, a sole proprietorship is an unincorporated business that is owned by one individual. **Partnership** (general) a partnership is the relationship existing between two or more persons who join together to carry on a trade or business. **Corporation**, a corporation is defined as a legal entity or structure created under the authority of the laws of a state consisting of a person, or group of persons, who become shareholders. **501(c)3**, is a non-profit organization that is exempt from certain taxes because it is described under section 501 of the internal revenue code.. **Other**, LLC, LLP, LLLP, Trust/Estate etc.

Question #2) Business Name: the name of the legal entity (corporate/true name) or if sole proprietor, last name first, first name last. If partnership (general) both or all individuals listed, last name first, first name last.

Question #3) Business phone: list the phone number for the business establishment.

Question #4) Trade name of business (DBA/Doing Business As): a trade name is an identifying name, other than the true name of an entity or individual under which the entity or individual is authorized to transact business or conduct activities, your trade name maybe different from your corporate name.

Question#5) Physical address: the address for the location of the business that will be making taxable transactions cannot use a P.O. Box as the physical address, see mailing address.

Question #6) Mailing address: this is the address we will use for correspondence with your business, if same as physical address simply note "same".

Question #7) Title, name, address and phone numbers of an individual, members, partners or shareholders: **Sole Proprietor**, list information pertaining to the individual. **Partnership** (general), list both individuals information. A **Corporation**, list two officers/shareholders with fiduciary liability. **501(c)3**, list two officers/shareholders with fiduciary liability. **Other**, list two members or partners with fiduciary liability.

Question #8) Choose one, reason for filing this application: Original application, mark box if this is your first time receiving a temporary license. If you have filed for a temporary license prior list the last number you had received.

Question #9a&b) Start date, first day of taxable sales. End date of sale, last day of taxable sales.

Question #10) Estimated gross sales, list the anticipated gross sales for the duration of this license.

Question #11) Are you the event coordinator, if yes, list the event name. If no, proceed to question #12.

Question #12) Are you a vendor, if yes, list the name of the event you are participating in. If no, it's assuming you are only the event coordinator and will not be participating as a vendor as well.

Question #13) Choose one type of event you are participating in, if other write in the type of event.

Question #14) What are you selling and/or description of event, if vendor and event coordinator explain both what you are selling and description of event, if event coordinator, describe event, if vendor, describe what it is you are selling.

Question #15) By signing this application you are stating that all the information listed above is true to the best of your knowledge. This application must be signed by an individual owner, member, partner or officer listed above from line #7.

Question #16-23) This section of the application will be your sales tax return for when the event is over, you will return the entire page to this office with your sales tax payment. This form must be returned even if sales tax is not due. Line 16 multiplied by 3.12% (x.0312) equals sales tax due to the City of Colorado Springs on line 17, if filing the return after the allotted 10days a 10% penalty on line 19 and .50% Interest per month on line 20 will be due against your total amount of sales tax. Line 21 is the total of line(s) 17 and 19-20, subtract line 22 the bond amount from line 21, put the total on line 23 this will be the sales tax due and payable to the City of Colorado Springs.



APPLICATION FOR TEMPORARY SALES TAX LICENSE

Office Use Only

Account Number:

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Deposit \$ _____ .00 (For Director of Finance) Sales Tax Approval

License Valid: _____ through _____ License Expires: _____ Sales Tax Due Date: _____

Initials: _____ Folder Green Sheet Update Sales Tax System

1. Type of Ownership (choose one):	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> 501(c)3	<input type="checkbox"/> Other:
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2. Your Business Name:	3. Bus Phone:
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4. Your Trade Name of Business (DBA): _____

5. Physical Address of event (cannot use PO Box as physical): _____ Colorado Springs, CO

6. Your Mailing Address: _____

7. Title, Name, Address, and phone number of Individual(s), Members, Partners or Shareholders of Business for which this license is issued:

7a. _____

7b. _____

8. Reason for Filing this Application (choose one): Original Application I have filed for a Temporary License prior (list number here): T

9. Start Date of Sale: _____ / _____ / 20	9a. End Date of Sale: _____ / _____ / 20	10. Estimated Gross Sales: \$
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11. Are you the event coordinator? Yes No List Event Name: _____

12. Are you a vendor? Yes No If yes, please provide event name here: _____

13. Type of Event (choose one):

<input type="checkbox"/> Trade Show	<input type="checkbox"/> Auction	<input type="checkbox"/> Farmers Market	<input type="checkbox"/> Flea Market	<input type="checkbox"/> Expo
<input type="checkbox"/> Kiosk	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Christmas Tree Lot	<input type="checkbox"/> Estate Sale	<input type="checkbox"/> Craft Fair
<input type="checkbox"/> Promotional Show	<input type="checkbox"/> Tournament	<input type="checkbox"/> Garage Sale over \$300.00	<input type="checkbox"/> Other:	

14. What are you selling and/or description of event? _____

15. I declare, under penalty of perjury, that this application has been examined by me, which the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

Signature (must be signed by individual owner, member, partner or officer) X	Today's Date: _____ / _____ / 20
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Printed First/Last Name: _____	Title: _____
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At the conclusion of your sale(s), please fill out the information below, giving a total for which this license is valid on Line 1a. This entire form must be returned to the City of Colorado Springs Sales Tax Office by the due date listed above.

16. Gross taxable sales from location within Colorado Springs:	= \$	
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17. Multiply line 16 x current City of Colorado Springs sales tax rate 3.12% (0.0312):	X 3.12%	= \$	
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18. Late Filing, if return is filed after the allotted 10 days, penalty and interest is due, if filed timely proceed to line 21:

19. Penalty, multiply line 17 x 10% (0.10) penalty:	X 10%	= \$	
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20. Interest, multiply line 17 x .50% (.005) interest:	X .50%	= \$	
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21. Total from lines 17, 19 and 20:	= \$	
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22. Less deposit remitted to the City of Colorado Springs, subtract from line 21.	- \$. 00
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23. Balance due to the City of Colorado Springs. (Return entire form: if deposit is greater than tax due, send no money and a refund check will be sent to you. If tax is greater than deposit, please enclose a check for the remainder).	= \$	
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Office Use Only:
 A.) Period Covered: _____ / _____ B.) o/p \$ _____ W/R issued C.) u/p \$ _____ D.) Completed by (initial): _____