



APPLICATION FOR SALES TAX LICENSE

Municipal Code 4-43(e)

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

Applicant's Full Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Mailing Address: _____

Type of Ownership:

Individual Co-Partnership Corporation Association Other: _____

Type of Business: _____

Description of Goods Sold: _____ Wholesale Retail

Trade Name: _____

License to be issued in the name(s) of: *Full legal name of Corp., Ind., or First Partner*

Names and addresses of partners and officers of business for which this application is made:

Name	Address

State of Colorado Sales Tax #: _____

Starting Date of Sales at Location: _____

Number of Locations with the Town of Hudson: _____

By signing below applicant states, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____

Date Received: _____

Amount Due: _____

Fee Paid: Staff Initials: _____

Approved: _____

Date: _____

Notes: _____