



Town of Berthoud
807 Mountain Ave.
P.O. Box 1229
Berthoud, CO 80513
970.532.2643

SALES TAX LICENSE APPLICATION

1. APPLICATION DATE: _____
2. STATE OF COLORADO SALES TAX ACCOUNT NUMBER: _____
3. TYPE OF FILING: MONTHLY____ QUARTERLY____ ANNUALLY____
4. TYPE OF OWNERSHIP (LLC, CORP., SOLE PROP): _____
5. BUSINESS NAME (TRADE NAME): _____
6. OWNER/MANAGER NAME(S): _____

7. C/O OR ATTENTION NAME (IF DIFFERENT FROM ABOVE): _____
8. PHYSICAL ADDRESS: _____

9. MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL): _____

10. PRODUCT SOLD: _____
11. BUSINESS PHONE: _____
12. FEE ENCLOSED \$20.00: _____

Applicant's Signature

Print Applicant's Name

FOR TOWN USE ONLY:

AUTHORIZED BY: _____