

Are you registered with the Secretary of State? Yes No <http://www.sos.state.co.us/>

OVER→

SALES TAX REMITTANCE INFORMATION

Name of person preparing Sales Tax Return _____ Business Phone: _____

Choose one: Employee Accountant/Bookkeeper Other (specify) _____

Email Address: _____

NAMES & HOME ADDRESSES OF OWNERS OR OFFICERS OF BUSINESS

(Attach additional schedule if necessary)

Name _____ Position _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Social Security # _____ Driver's Lic # _____ State _____

Name _____ Position _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Social Security # _____ Driver's Lic # _____ State _____

ALL SIGNS POSTED MUST BE APPROVED BY THE PLANNING DEPARTMENT

CORPORATIONS ONLY:

In consideration of the issuance of the Sales Tax License, I _____, _____
Officer's Name Title

of _____ agree to be individually and personally liable for any sales tax
Corporation Name

owed to the Town of Gypsum. This individual, personal liability is in addition to the liability of

Corporation Name

By signing below, I declare, under penalty of perjury in the second degree, that this application has been examined by me. That the statements made herein are made in good faith pursuant to the Town of Gypsum's Municipal Code, and to the best of my knowledge and belief, are true, correct, and complete. I am attesting that the above listed business is in compliance with all laws of the United States, State of Colorado, and the Town of Gypsum. Also that this business or applicant is not in default of any financial obligation in any manner to the Town except current taxes. I also agree this business will comply with all laws and regulations applicable to such licensed business and avoid all practices or conditions which do or may affect the public health, morals, or welfare. In addition, this licensed business will refrain from operating upon expiration or suspension of this license unless renewed. This business license will be posted and maintained upon the premises in a place where it may be seen at all times.

Signed: _____ Date: _____
(Must be person legally responsible for the business i.e. owner, partner, officer, etc.)

Print Name: _____ Title: _____

Mail To: Town of Gypsum
Sales Tax Auditor
PO Box 130
Gypsum, CO 81637
Phone: (970) 524-1753
Fax: (970) 524-7522