



TOWN OF VAIL, COLORADO

APPLICATION FOR BUSINESS AND/OR SALES TAX LICENSE

Mail To:

Town of Vail
Sales Tax Administrator
75 South Frontage Road
Vail, Colorado 81657

Phone: (970) 479-2125
 Fax: (970) 479-2248
 E-Mail: ajakubiec@vailgov.com
 Website: vailgov.com

PLEASE RETAIN A COPY FOR YOUR RECORDS

BUSINESS ACTIVITIES

(Note all activities conducted under this license)

Retail Sales (specify): _____
 Restaurant / Bar: _____
 Lodging: _____
 Professional(specify): _____
 Service (specify type): _____
 Other: _____
 Product or service sold: _____

A separate application must be filed for each business location in Vail. Please type or print and fill out completely.

TYPE OF LICENSE APPLIED FOR:

RETAIL SALES TAX LICENSE (NO CHARGE)

Is required for any person to engage in the business of selling tangible personal property and certain services at retail and for both merchants located within the Town of Vail and those merchants located outside the town, but who make sales and deliveries of tangible personal property into the Town of Vail by mail, common carrier or their own conveyance.

BUSINESS LICENSE (SEE FEE SCHEDULE)

Is required for any person to maintain, operate or engage in any business activity on premises within the Town of Vail.

To receive the Sales Tax Newsletter by email, please go to our website
vailgov.com
There you can signup for the Sales Tax Newsletter under the
section E-Services

FOR OFFICE USE ONLY

Acct. # _____

STAX License # _____

Business License # _____

Issue Date _____ Cycle _____

Class _____

District _____

Type of Ownership: ___ Sole Proprietor ___ Partnership ___ Corporation ___ Other _____

If Corporation, Registered Agent: _____

Trade Name of Business: _____

Name of Ownership (if other than trade name): _____

Physical Address: _____ Mailing Address: _____

Business Phone # _____ Federal ID # _____ Colorado Sales Tax # _____

Local Manager-Representative: _____

Name

Home Phone #

Home Address

City

State

Zip

Is your Business operated from your home? No Yes (If yes, Home Occupation Permit is required)

SALES TAX REMITTANCE INFORMATION

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

E-Mail Address _____

NAMES & HOME ADDRESSES OF OWNERS OR OFFICERS OF BUSINESS (attach additional schedule if necessary)

Name _____ Position _____ Home Phone # _____

Home Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Name _____ Position _____ Home Phone # _____

Home Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Name _____ Position _____ Home Phone # _____

Home Address _____ City _____ State _____ Zip _____

E-Mail Address _____

New Business Yes No If yes, date business began in Vail: _____

Building Name: _____

Existing Business Yes No (if yes, please complete the next line)

Former Owner's Name: _____ Former Name of Business: _____

Landlord Name & Phone #: _____

Number of square feet (Retail businesses only, selling floor only) _____

EMERGENCY NOTIFICATION (Required for Business Licenses Only)

First Contact by Police Department:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Second Contact by Police Department:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

ALL SIGNS MUST BE APPROVED BY COMMUNITY DEVELOPMENT

CORPORATIONS ONLY:

In consideration of the issuance of the Sales tax license, I, _____ (name), of _____ (the corporation), it's _____ (title), agree to be individually and personally liable for any sales tax owed. This individual, personal liability is in addition to the liability of _____ (the corporation).

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 Vail's Municipal Code, and to the best of my knowledge and belief, are true, correct and complete.

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

Date: _____

Print Name: _____

Title: _____