TOWN OF HUDSON

PHONE: (303)536-9311
FAX: (303)536-4753
557 ASH STREET
P. O. BOX 351
HUDSON, COLORADO 80642

APPLICATION FOR SALES TAX LICENSE

1. Indicate in space below the type of ownership:
   Individual_____, Co-Partnership_____, Corporation_____, Association_____, Other
2. What do you sell? _____ Wholesale _____ Retail
3. License to be issued in the name(s) of
   Full legal name of Corp., Ind., or First Partner

   Name of Second and Additional Partners
4. Trade Name
5. Business is located at
   Street City County State Zip Phone
6. Mailing address if different from location address
7. State Sales Tax License Number
8. Date you began making sales in Colorado at this location
9. How many places do you operate in the Town of Hudson?
10. Names and addresses of partners and officers of business for which this application is made:
    Name Street Address Post Office Box Percentage of Ownership
11. Attached is a remittance in the sum of $___.00 in payment of ___ license(s). - ($5.00 per license)
    I declare, under the penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith pursuant to Tax Laws and Regulations and, to the best of my knowledge and belief, are true, correct and complete.
12. Signature of Applicant _____ Date:
13. Title
14. Reviewed and approved by: _____ Date:

Note: Application for License must contain questions fully answered and the $5.00 fee.