



Town of Hudson
50 S. Beech Street
PO Box 351
Hudson, CO 80642
303-536-9311
Fax: 303-536-4753

APPLICATION FOR SALES TAX LICENSE

1. Name of Business: _____

2. Indicate the type of ownership:

Individual Co-Partnership Corporation Association Other: _____

3. What do you sell? _____ Wholesale Retail

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

5. Name of Second and Additional Partners

6. Trade Name: _____

7. Business is located at: Street, _____ Phone: _____

8. Mailing address if different from location address: _____

9. State Sales Tax License Number: _____

10. Date you began making sales in Colorado at this location: _____

11. How many places do you operate in the Town of Hudson? _____

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

Name	Street Address	Percentage of Ownership
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Attached is a remittance in the sum of \$ _____ 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.

Signature of Applicant _____ Date: _____

Title: _____

Reviewed and approved by: _____ Date: _____

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