



# APPLICATION FOR SALES TAX LICENSE

Municipal Code 4-43(e)

PO Box 351  
50 S Beech Street  
Hudson, CO 80642

Phone: 303-536-9311  
Fax: 303-536-4753  
info@hudsoncolorado.org

Applicant's Full Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Ownership:

Individual:  Co-Partnership:  Corporation:  Association:  Other: \_\_\_\_\_

Description of Goods Sold: \_\_\_\_\_ Wholesale:  Retail:

Trade Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Name	Address

State of Colorado Sales Tax #: \_\_\_\_\_

Starting Date of Sales at Location: \_\_\_\_\_

Number of Locations with the Town of Hudson: \_\_\_\_\_

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Permit #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Fee Paid:  Staff Initials: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_