

CITY OF SHERIDAN, CO BUSINESS Registration & RETAIL SALES/USE TAX LICENSE APPLICATION

BUSINESS REGISTRATION FEE: (Inside City) \$215.00
BUSINESS REGISTRATION FEE (Outside the City) \$65.00
RETAIL SALES TAX LICENSE: (IF REQUIRED) \$10.00

SPECIALTY LICENSE(S): see fee schedule and requirements

All fees are non-refundable

Mail to:	For City Use Only												
<p>City of Sheridan Licensing Office 4101 So. Federal Blvd. Sheridan, CO 80110 (303) 762-2200 Fax-303-438-3398 www.ci.sheridan.co.us</p> <p style="color: red; font-weight: bold;">Important: Please Keep a Copy of this Application for your records</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Monthly <input type="checkbox"/></td> <td style="width: 30%;">Sales/Use Tax License <input type="text"/></td> </tr> <tr> <td>Quarterly <input type="checkbox"/></td> <td>Business License <input type="text"/></td> </tr> <tr> <td>Annual <input type="checkbox"/></td> <td>Location No. <input type="text"/></td> </tr> <tr> <td>Seasonal <input type="checkbox"/></td> <td>GEO Code <input type="text"/></td> </tr> <tr> <td>Amount Paid <input type="text"/></td> <td>Date Rec'd <input type="text"/></td> </tr> <tr> <td>Check No. <input type="text"/></td> <td>Rec'd By <input type="text"/></td> </tr> </table>	Monthly <input type="checkbox"/>	Sales/Use Tax License <input type="text"/>	Quarterly <input type="checkbox"/>	Business License <input type="text"/>	Annual <input type="checkbox"/>	Location No. <input type="text"/>	Seasonal <input type="checkbox"/>	GEO Code <input type="text"/>	Amount Paid <input type="text"/>	Date Rec'd <input type="text"/>	Check No. <input type="text"/>	Rec'd By <input type="text"/>
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PLEASE TYPE OR COMPLETE IN BLACK INK.	PLEASE COMPLETE APPLICATION IN FULL (Illegible and/or incomplete forms may be rejected)												

SECTION ONE - All information provided in this section of the application is considered public information and is required to be released upon public request.

1 Type of Ownership: Sole Proprietor Partnership Corporation Limited Liability Corp. Other _____

2 Taxpayer Name (Owner, Partners or Corporate Name): _____

3 Trade Name ("Doing Business As or DBA"): _____

4 Physical Location or Sheridan Address: _____
Street Address City State Zip

5 Mailing Address: _____
Street / Post Office Box (If Different than Business Address) City State Zip

6 Phone Number(s): _____ / _____ / _____ Start Date: ____/____/____
Business Phone Corporate Phone Fax #

7 Web Site Address: _____ E-mail Address: _____

8 Nature of Business (Check all that apply): Wholesale Manufacturing Construction Service Retail
 Office Only Mail Order Rental Property Storage Facility or Lot

9 Detailed Business Description: _____

10 Is this business in a: private residence commercial building

11 Do you lease or own your building? lease own Approximate sq. ft. of business space: _____
Sq. Ft.

Property Owner/Manager Name Street Address, City, State, Zip Code Area Code and Phone No.

12 No. of employees (include self): Full time _____ Part-time _____

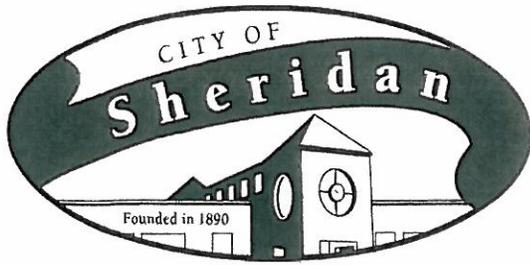
13 Do you have other business locations in Sheridan? Yes No

If "YES", a separate application must be completed per business location.

14 Owner, Local Manager or Registered Agent (Corporate Officer):

Name Address City State Zip Phone

(Continued on Reverse Side)



City of Sheridan
Licensing Office
4101 South Federal Blvd.
Sheridan, CO 80110
(303) 762-2200
(303) 438-3398 Fax
www.ci.sheridan.co.us

EMERGENCY CONTACT FORM

BUSINESS NAME/ DBA: _____

BUSINESS LOCATION: _____

EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT _____

ADDRESS _____

PHONE NUMBER(S) _____

NAME OF EMERGENCY CONTACT _____

ADDRESS _____

PHONE NUMBER(S) _____

NAME OF EMERGENCY CONTACT _____

ADDRESS _____

PHONE NUMBER(S) _____

If more than three (3), please attach a separate listing

FIRE ALARM MONITORING COMPANY INFORMATION

ONLY IF BUSINESS IS IN SHERIDAN

NAME OF FIRE ALARM MONITORING CO _____

ADDRESS _____

PHONE NUMBERS _____

BURGLAR ALARM MONITORING COMPANY INFORMATION

ONLY IF BUSINESS IS IN SHERIDAN

NAME OF BURGLAR ALARM MONITORING CO _____

ADDRESS _____

PHONE AND FAX NUMBERS _____

PLEASE RETURN THIS FORM TO:

City of Sheridan
Licensing Office
4101 South Federal Blvd.
Sheridan, CO 80110

THIS INFORMATION WILL BE SHARED WITH THE POLICE AND FIRE DEPARTMENTS

City of Sheridan, Colorado
4101 S. Federal Blvd.
Sheridan, CO 80110-5399

LAWFUL PRESENCE AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen; or
- I am a Permanent Resident of the United States; or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date