

**TOWN OF MT. CRESTED BUTTE, COLORADO**  
**RETAIL SALES & ADMISSIONS SALES TAX APPLICATION**

Mail to: Sales Tax Division

Town of Mt Crested Butte  
PO Drawer 5800  
Mt. Crested Butte, CO 81225-5800  
(970) 349-6632

For Town of Mt. Crested Butte Use Only

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License Number

Monthly  Quarterly  Other

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Application must be typed or printed in ball point pen - illegible and/or incomplete returns will be rejected)

1. Type of Ownership:

Sole Proprietor  Partnership  Corporation  Other

2. Trade Name of Business: \_\_\_\_\_

3. Name of Ownership (if other than trade name): \_\_\_\_\_

4. Business Address: \_\_\_\_\_

Street

City State Zip

5. Mailing Address: \_\_\_\_\_

Street

City State Zip

6. Owners/Officers of Business (attach supplemental sheet if necessary):

Name	Position	Phone No.
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Address	City State Zip
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Name	Position	Phone No.
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Address	City State Zip
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7. Registered Agent (if applicable): \_\_\_\_\_

(if corporation) Name Address City State Zip Phone

8. Local Manager/ \_\_\_\_\_

Representative: Name Address City State Zip Phone

9. Email Address of Local Manager/ Contact Person: \_\_\_\_\_

10. State of Colorado Sales Tax No.: \_\_\_\_\_ 11. Local Business Phone No.: \_\_\_\_\_

12. Nature of Business Applied For (check all that apply):

Wholesale  Contractor  Service  Retailer  Manufacturing/Processing  Other \_\_\_\_\_

13. Products and/or Service Sold: \_\_\_\_\_

14. Date Business Began in Mt. Crested Butte: \_\_\_\_/\_\_\_\_/\_\_\_\_

I declare, under 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 Colorado tax laws and regulations, and, to the best of my knowledge and belief, are true, correct and complete.

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

(Must be a person legally responsible for the business, i.e., owner, partner, etc.)

Title: \_\_\_\_\_