



Town of Parker Sales Tax Administration

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BUSINESS AND TAX LICENSE APPLICATION

Application for one of the following: (Applying for this License does not constitute a valid Business License. A valid and active License will be issued when the review process is complete.)

- Business and Tax License
- Charitable Organization

Supplemental Documents:

- Police and Fire Information Sheet (Required for all commercial locations)
- Home Occupation Affidavit (Required for all home occupations)
- Home Daycare Checklist (Required for all home daycares)
- Charitable Organization – IRS 501(c)(3) Certification AND Colorado State Exempt Certificate

FOR TOWN USE ONLY	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 2px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 2px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 2px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 2px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 2px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 2px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>	
GEO CODE _____	NAICS CODE _____
STA/FD _____	B/P _____

†REQUIRED ITEMS – PLEASE FILL OUT ALL OTHER APPLICABLE ITEMS – THIS APPLICATION ITSELF IS NOT PUBLIC RECORD

Business Information	†TRADE (DBA) NAME OF BUSINESS		†START DATE OF BUSINESS IN TOWN			
	†TAXPAYER NAME (Owner(s), Partner(s), or Corporation name)					
	†BUSINESS LOCATION ADDRESS (No PO Box)		†CITY		†STATE	†ZIP + 4
	†MAILING ADDRESS <input type="checkbox"/> (CHECK HERE IF SAME AS ABOVE)		†CITY		†STATE	†ZIP + 4
	LOCAL PHONE	†CORPORATE CONTACT NAME <small>(NOT A THIRD PARTY FILER)</small>		†CORPORATE PHONE	CORPORATE EMAIL	
	†CONTACT NAME		†CONTACT PHONE	CONTACT FAX	CONTACT EMAIL	
	†FEDERAL IDENTIFICATION NUMBER <small>(or Social Security Number – Confidential)</small>		†STATE OF COLORADO SALES TAX NUMBER <small>(For all retail and exempt businesses)</small>		WEBSITE	

Ownership Information	†TYPE OF OWNERSHIP				
	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Other _____				
	†COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (Use additional sheet if necessary)				
	NAME	TITLE	HOME PHONE (Confidential)	DATE OF BIRTH (Confidential)	
HOME ADDRESS		CITY		STATE	ZIP

Purchase of Business	IF YOU PURCHASED THE BUSINESS IN WHOLE OR PART, COMPLETE THE FOLLOWING: <small>(All price information in this section is confidential information)</small>				
	DATE OF ACQUISITION	PRIOR LICENSE NUMBER	PURCHASE PRICE OF BUSINESS	PRICE OF PERSONAL PROPERTY (Fixtures and equipment)	
	PRIOR OWNER'S NAME		ADDRESS		CITY

Other Locations in Town	IF YOU HAVE OTHER BUSINESSES LOCATED IN THE TOWN, COMPLETE THE FOLLOWING (Attach additional sheets if necessary): (Reporting for these businesses may be consolidated onto one return)		
	1) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER
	2) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER

General Business Information	✦SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED:		NAICS CODE
	✦TYPE OF BUSINESS (Check all that apply)		
<input type="checkbox"/> Retail		<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Communications		<input type="checkbox"/> Medical	<input type="checkbox"/> Mail/Internet Order
		<input type="checkbox"/> Service	<input type="checkbox"/> Leasing
		<input type="checkbox"/> Construction	<input type="checkbox"/> Restaurant
		<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Office Only

Mobile Businesses	✦ARE YOU A MOBILE BUSINESS: <input type="checkbox"/> Yes <input type="checkbox"/> No	✦WHAT TYPE OF MOBILE VEHICLE WILL YOU BE OPERATING: <input type="checkbox"/> Motorized or Towed Wheeled Vehicle <input type="checkbox"/> Pushcart – Self propelled <input type="checkbox"/> None – I will not be operating out of a mobile vehicle	✦ARE YOU SELLING PREPARED FOOD ITEMS: <input type="checkbox"/> Yes <input type="checkbox"/> No ✦IF SELLING PREPARED FOOD ITEMS, DO YOU HAVE PROPER CERTIFICATION FROM THE TRI-COUNTY HEALTH DEPARTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No
	✦LOCATION THE VEHICLE WILL BE OPERATED FROM (*Consent of private property owner must be submitted with application)		
	<input type="checkbox"/> Private Property* Regular Business in Town - requires temporary use permit		Property Address or Name of Event and Organizer: _____ _____ _____
<input type="checkbox"/> Temporary/Community Event – Public Property Farmer's Market, Parker Days			

Town Location Information	✦COMPLETE THE FOLLOWING FOR BUSINESSES LOCATED IN A COMMERCIAL AREA OF THE TOWN		
	✦SQUARE FEET OF TOWN LOCATION	✦NUMBER OF EMPLOYEES IN TOWN	MANAGER'S NAME IN TOWN
	✦DO YOU OWN OR LEASE YOUR BUILDING? (For businesses located in Parker) <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Sublet		
	LESSOR NAME	LESSOR ADDRESS	CITY STATE ZIP

Filing Information	FILING FREQUENCY OF SALES TAX: <input type="checkbox"/> Monthly (if tax is <i>more</i> than \$300 per month) <input type="checkbox"/> Quarterly (if tax is <i>less</i> than \$300 per month) <input type="checkbox"/> Annually (if tax is <i>less</i> than \$10 per month) <input type="checkbox"/> No sales tax collected; I do not need to submit a sales tax return	ARE YOU A FISCAL PERIOD FILER: <input type="checkbox"/> Yes <input type="checkbox"/> No ✦If reporting on a fiscal period basis (not a standard calendar year) a copy of your reporting periods must be provided to the Tax Department annually.
	IF BUSINESS IS SEASONAL, CHECK EACH MONTH OPEN FOR BUSINESS: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
	○ THIS APPLICATION WILL EXPIRE IN 6 MONTHS IF ALL REQUIRED INFORMATION IS NOT RECEIVED	

Signature	I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I further acknowledge and agree that the issuance of a Business and Tax License does not constitute compliance with the ordinances of the Town of Parker, including, but not limited to, zoning codes, building and fire codes, occupational licensing codes as well as those ordinances contained within the Parker Municipal Code. I understand that while this document is not public record by itself, non-confidential items are public record. All confidential items on this application are noted as being confidential.		
	✦APPLICANT'S SIGNATURE	✦PRINTED NAME	✦DATE