

Town Use Only

Date Rec'd: _____

License No. _____

TOWN OF AULT

201 FIRST STREET/P.O. BOX 1098
AULT, COLORADO 80610
Office) 970-834-2844 Fax) 970-834-2199

Please print or type-fill out completely

\$ 10.00 License Fee

APPLICATION SALES TAX LICENSE

Fees good for one calendar year, January 1 through December 31. No prorating of fees accepted.

***MANDATORY FIELDS**

License to be issued to: *

(Name of Corporation, Partnership, Association or Individual)

***Type of Ownership: (Check one)**

____ Individual
____ Corporation
____ Other

____ Partnership
____ Association

Trade Name (if any) * _____

Business Location: * _____

Mailing Address: * _____

Telephone Number: * _____

Product or Service: * _____

***Type of filing (same as State Tax):**

____ Monthly

____ Quarterly

____ Seasonal

____ Annually

***Names of Partners or Officers of business:**

"I declare, under penalty of perjury, that this application is true and complete to the best of my knowledge and belief."

* _____
Applicant's or Agent's Signature

* _____
Title

* **Date:** _____