



130 South Galena Street
Aspen Colorado 81611

(970) 920-5029 E-mail: aspen_sales_tax@ci.aspen.co.us
Web Page: http://aspenpitkin.com/Departments/Finance-City-of-Aspen/Business-Sales-Tax-License/

Please Type or Print Clearly

Name of Business: _____

Sales Tax / Primary Mailing Address: _____

Location Address: _____ Address To Which You Would Like Licenses Mailed:
Same as Sales Tax Address
Same as Location Address
Other: _____

Phone No. of Business: () _____ Fax No.: () _____

Sales Tax Contact: _____ Contact Phone: _____

E-mail Address: _____ Web Page Address: _____

Colorado Sales Tax License No: _____ - _____ If Being Applied For, Date? _____

If applicable, State of Colorado Sales Tax Exempt Number: _____

Frequency of Filing Aspen Sales Tax Returns: _____ Monthly _____ Quarterly _____ Annual _____ Other (Describe)
If more than \$600 in taxable sales per month, you must file monthly.

Will you also be collecting the Aspen 1% Lodging Tax on Short Term Rentals of Lodging? _____ Yes _____ No

Nature of Business / Products
Sold: _____

Type of Ownership: (check one)
_____ Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____ Other

Date That Business Started In Aspen, or Date of Purchase of Business: _____

If Business Was Purchased, Name of Previous Business & Owner: _____

Names of Owners, Partners, or Managers of the Business:
a. _____ Title _____
b. _____ Title _____
c. _____ Title _____

If Retail, Please Estimate the Highest Monthly Taxable Retail Sales For Your Business \$ _____

Estimated Monthly Average Full-Time Employees (FTE's) of your Business: _____
(Include self, owners and partners, managers, etc.)

Computation of Annual Business Occupation Tax Due to the City of Aspen
For the Calendar Year, January 1 thru December 31:

Table with 2 columns: Employee/Category ranges and corresponding tax amounts (\$150 to \$-0-).

Amount Paid:

\$ _____

I declare, under penalty of perjury, that this application has been examined by me, and that the statements made herein are made in good faith pursuant to the City of Aspen tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

SIGNATURE OF APPLICANT: _____

DATE: _____

**PLEASE RETURN THIS APPLICATION ALONG WITH YOUR REMITTANCE OF THE
APPROPRIATE BUSINESS OCCUPATION TAXES,
(AS CALCULATED ON THE FRONT OF THIS APPLICATION),
PAYABLE TO THE CITY OF ASPEN**

FOR CITY STAFF ONLY

APPROVAL

DATE

ZONING –

Community Development
3rd Floor of City Hall
970- 920-5090

ENVIRONMENTAL HEALTH –

Primarily for Food Handling and
Hazardous Chemicals
2nd Floor of City Hall 970-920-5070

FIRE MARSHALL –

Located in the Fire Dept. 970-925-2690

FINANCE DEPT –

1st Floor of City Hall
Pay Cashier the Appropriate
Business Occupation Tax
See Cashier for Issuance of License
970-920-5029
