

CITY OF GLENDALE
950 South Birch Street
Glendale, CO 80246
(303) 639-4706
(303) 639-4707 FAX



CITY USE ONLY		
Sales Tax Account No. _____	New <input type="checkbox"/>	Renewal <input type="checkbox"/>
Business License No. _____	New <input type="checkbox"/>	Renewal <input type="checkbox"/>
Date Received _____	OPT Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Registration Issued _____	Use Tax No. _____	
Fees Rec'd. Business \$ _____	Sales Tax \$ _____	

BUSINESS REGISTRATION AND RETAIL SALES TAX APPLICATION FOR: 2024

*A separate application must be filed for each business location in Glendale. This registration must be updated if ownership changes. Registrations are valid from January 1st through December 31st of every calendar year. **Complete ENTIRE Application. (Failure to do so may result in a delay in issuing your license.) Please type or print legibly***

The fee for each license is: Business Registration (REQUIRED by ALL): \$ 10.00
Do you have Retail Sales/or will you be remitting tax? YES NO If yes, add: 15.00
Total Enclosed: \$ _____

BUSINESS INFORMATION

Trade Name "Doing Business As" _____
Glendale Address (if applicable) _____
Name of Corp. LLC, Partnership or other (if applicable) _____
Home Office Address _____
City _____ State _____ Zip Code _____
Contact Person _____
Phone Number (_____) _____ Home Office Phone Number (_____) _____
Fax Number (_____) _____ E-Mail Address _____

MAILING ADDRESS

Mail To _____
Mailing Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Phone Number (_____) _____

Date You Started/Will Start Doing Business In Glendale (MM-DD-YYYY) _____
Is Your Business Physically Located in Glendale? Yes No
Is Your Business Located in a: Commercial/Retail Complex Office Complex Private Residence
Did You Purchase an Existing Business? Yes No

TYPE OF OWNERSHIP (Check One)

Individual/Sole Proprietor Corporation Partnership Ltd. Liability Company

If you checked "Corporation" complete the following:

Corporate Registered Agent _____ Federal ID # ___-_____

Tax Exempt/Non-Profit Organization: Nature of Business _____

Submit documentation to verify this statement. Provide State of Colorado Tax Exempt Number 98-_____

NAME & HOME ADDRESSES OF THE REPRESENTATIVES OF THE BUSINESS (attach schedule if needed)

Name _____ Position _____ Home Phone # (____) _____

Home Address _____ City _____ State _____ Zip Code _____

Driver's License #/State _____ SS# _____ - _____ - _____ Date of Birth _____ - _____ - _____

Name _____ Position _____ Home Phone # (____) _____

Home Address _____ City _____ State _____ Zip Code _____

Driver's License #/State _____ SS# _____ - _____ - _____ Date of Birth _____ - _____ - _____

Name _____ Position _____ Home Phone # (____) _____

Home Address _____ City _____ State _____ Zip Code _____

Driver's License #/State _____ SS# _____ - _____ - _____ Date of Birth _____ - _____ - _____

Name _____ Position _____ Home Phone # (____) _____

Home Address _____ City _____ State _____ Zip Code _____

Driver's License #/State _____ SS# _____ - _____ - _____ Date of Birth _____ - _____ - _____

NATURE OF BUSINESS: (Check any that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Financial/Leasing | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Nightclub/Bar | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Recreation/Sporting |
| <input type="checkbox"/> Retail - Liquor | <input type="checkbox"/> Retail - Grocery | <input type="checkbox"/> Retail - Other | <input type="checkbox"/> Direct Sales |
| <input type="checkbox"/> Service | <input type="checkbox"/> Office | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mail Order/Internet Sales | <input type="checkbox"/> Utility - Communications/Telecom | <input type="checkbox"/> Utility - Other | |

What do you sell/lease? _____

Do you charge an Admission Fee or Cover Charge upon entry? Yes No

Colorado Sales Tax Number (**REQUIRED FROM ALL RETAIL BUSINESSES**) _____

LAWFUL PRESENCE AFFIDAVIT

(this form only needs to be filled out by applicants who are applying as a sole proprietor)

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 legal Permanent Resident of the United States, or

____ I am otherwise 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 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Per HB 06S-1023, you must provide a copy of one of the following IDs.

- ✓ Colorado Driver's License
- ✓ Colorado ID card
- ✓ Military IDs
- ✓ Coast Guard mariner document
- ✓ Native American tribal document