



Application form can be completed online at: [www.centennialco.gov](http://www.centennialco.gov), or

Mail completed application and payment to:
City of Centennial
Tax and Licensing Division
P.O. Box 17383
Denver, CO 80217-0383

PLEASE PRINT AND COMPLETE IN BLACK INK

BIENNIAL RETAIL SALES TAX LICENSE OR BUSINESS REGISTRATION APPLICATION

ALL LINES IN THIS APPLICATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS MAY BE RETURNED AND/OR DELAY THE ISSUANCE OF THE LICENSE/REGISTRATION

- RETAIL SALES TAX LICENSE BIENNIAL FEE \$25.00
OR
BUSINESS REGISTRATION BIENNIAL FEE \$25.00

SECTION ONE: All information provided in this section of the application is considered public information and is required to be released upon public request.

PLEASE PRINT AND COMPLETE IN BLACK INK

1 Type of Ownership: Sole Proprietor Partnership Corporation

2 Business Name:

3 Trade Name ("Doing Business As"):

4 Business Physical Address: Street City State Zip

5 Mailing Address: Street (If different than Business Address) City State Zip

6 Business Phone No: First Day of Business In Centennial: / /

7 Web site Address: E-mail Address:

8 Nature of Business (Check all that apply): Wholesale Manufacturing Construction Service Retail Office Only Mail Order Communications/Telecom Finance/Insurance/Real Estate Medical Professional/Technical/Scientific Alcohol Sales NAICS code (4 digits)

9 Product or service provided (be specific)

10 Is this business in a: Private Residence or Commercial Building

If this application is for a home based business, the rules and regulations for home occupations are detailed in the 2011 Land Development Code, Section 12-2-404. An informational handout for standards that apply for all home based businesses can be obtained from the City's website at http://www.centennialco.gov/homebasedbiz or by calling Community Development at 303-754-3308.

11 Do you lease or own your building? Lease Own Approximate sq. ft. of business: sq. ft.

12 No. of employees (including self): Full-Time Part-Time

13 Years in Current Location: Previous Address: Street Address State Zip

14 Do you have other locations in Centennial? Yes No If "YES," a separate application must be completed per business location.

15 Contact Person: Name/Title Email Address

Street Address City State/Zip Phone

(Continued on Reverse Side)

**City of Centennial, CO  
License Application, Continued**

16 Registered Agent: \_\_\_\_\_  
Name Title

Street Address City State/Zip Phone

**CONFIDENTIAL**

**SECTION TWO: All information provided in this section must be provided only if applying for a sales tax and not if applying for a general business license. Information with an asterisk (\*) is considered confidential and will not be publicly released unless the City is legally required to do so by law, regulation or court order.**

17 \*Retail Sales Tax Filing Frequency (if applicable). Please check the appropriate box.

- MONTHLY FILING — Tax due is \$300 or more      SEASONAL (SALES OCCUR DURING LESS THAN 6 MONTHS PER YEAR):
- QUARTERLY FILING — Monthly tax due is \$10 to \$299      OR       Seasonal monthly filing for the months of:
- ANNUAL FILING — Annual tax due is less than \$100
- NOT APPLICABLE – Business License Only \_\_\_\_\_ to \_\_\_\_\_

18 State of Colorado Sales Tax License No.: \_\_\_\_\_ Federal Employer I.D. (FEIN): \_\_\_\_\_

19 List Owner(s) or Corporate Officers: (attach supplemental sheet, if necessary)

Name and \*Social Security Number      Position      \*Home Phone      \*Date of Birth

\*Home Address      City      State/Zip

Name and \*Social Security Number      Position      \*Home Phone      \*Date of Birth

\*Home Address      City      State/Zip

The City requires all applicants for sales tax licenses to provide their social security or individual tax identification numbers on the application under the authority of Section 4-1-500(b)(6) of the Centennial Municipal Code. The number is used solely for administering the collection and enforcement of the City's Sales and Use Tax Code and is kept confidential by the City and not disclosed to any third parties in accordance with the City's confidentiality obligations as set forth in Section 4-1-1020(b) of the Centennial Municipal Code.

PLEASE PROVIDE THE FOLLOWING INFORMATION, IF APPLICABLE.

20 Former Name of Business: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

21 Did the purchase price include fixed assets, machinery, or equipment?      Yes       No       Value \$ \_\_\_\_\_

**SECTION THREE: All applicants must complete and sign this section.**

Please be sure to check with other departments of the City of Centennial to ensure compliance with all other applicable laws and regulations. By issuance of the Business Registration or Retail Sales Tax License, the City makes no representation regarding conformity with zoning provisions and/or other requirements

YES     NO      Please contact me regarding information on a Zoning Compliance Review. (Please check a box.)

YES     NO      Please contact me regarding information on a Building Compliance Review. (Please check a box.)

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

**If application is for a Centennial home based business: I declare that I have examined the Home Based Business handout and will comply with the limitations set forth by Section 12-2-404 of the 2011 LDC regarding permitted home based businesses.**

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

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**City of Centennial, CO  
License Application, Continued**

**This application is in accordance with Sections 4-1-500 and 6-1-30 of the City of Centennial Municipal Code.**