



# City of Dacono - City Sales Tax Registration Form

City of Dacono  
512 Cherry Street  
Dacono, CO 80514  
Phone: 303.833.2317  
www.cityofdacono.com

Today's Date: \_\_\_\_\_

<b>Name of Company/Individual</b>		
<b>Doing Business As</b> <small>Full Legal Name of Corporation, Individual Of First Partner</small>		
<b>Business Address</b> <small>(Street, City, State, Zip)</small>		
<b>Mailing Address (if different)</b> <small>(Street, City, State, Zip)</small>		
<b>Business Phone Number:</b> (   )	<b>Business Fax Number:</b> (   )	<b>Email Address:</b> _____
<b>Owner(s) Name &amp; Phone Number</b> <small>(if other than Sole Proprietor, List two names)</small>		(   )
		(   )

**State Sales Tax License Number:** \_\_\_\_\_

**Designate Billing:**    Yearly \_\_\_\_\_    Semi-annual \_\_\_\_\_    Quarterly \_\_\_\_\_    Monthly \_\_\_\_\_

**Type of Ownership** (please include a copy of your official documentation):

Sole Proprietor     Corporation     Partnership     S Corporation     LLC     Other \_\_\_\_\_

**Type of Business:**

**What do you sell?** \_\_\_\_\_

Retail     Wholesale

**Date Business Started / Will Start / or Date of First Sale in Dacono:** \_\_\_\_\_

**Number of Employees in Dacono:** \_\_\_\_\_

**Federal Tax ID (sole proprietors use SSN):** \_\_\_\_\_

**SIC Code:** \_\_\_\_\_

**Does your business require any licenses or approvals from other governmental agencies (e.g., Environmental Protection Agency, Weld County Public Health Department or a State Licensing Agency)?**

Yes     No    If yes, please attach a copy of each approval received and list below approvals required, but not yet received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued On Back)

1.) Registration must be fully completed.

2.) I declare under penalty of perjury, that this registration has been examined by me and that the statements made herein are made in good faith pursuant to City of Dacono Tax Laws and Regulations, and to the best of my knowledge and belief, are true, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**For Departmental Use Only** *(Do not write below)*

Approved By _____	Date _____
Denial By _____	Date _____
Issued By _____	Date _____

**Conditions of Approval:**

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