



**Dacono** Colorado<sup>SM</sup>  
Sales Tax Form

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

Name of Company/Individual		
Doing Business As		
Business Address (Street, City, State, Zip)		
Mailing Address (if different) (Street, City, State, Zip)		
Business Phone Number ( )	Business Fax Number ( )	Email Address:
Owner(s) Name and Phone Number (if other than Sole Proprietor, list two names)		( )
		( )

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

Requested Filing Frequency: Yearly \_\_\_ Quarterly \_\_\_ Monthly \_\_\_

Business Form: Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ S Corporation \_\_\_ LLC \_\_\_ Other \_\_\_

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. EPA, 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** \_\_\_\_\_

Instructions for use of your City of Dacono sales tax account will be emailed to you at the email address provided on the front page of this form.