

**TOWN OF RIDGWAY**  
**SALES TAX LICENSE AND LICENSE RENEWAL APPLICATION**

*For Town Use Only*

License No. \_\_\_\_\_

Business Group \_\_\_\_\_

Classification \_\_\_\_\_

SIC Number \_\_\_\_\_

**Please print or type - attach any additional sheets if necessary. Fill in all blanks, if the question does not pertain to your business, please write N/A (not applicable). Applications will not be processed with incomplete information.**

1. Complete name under which the business will be conducted:

\_\_\_\_\_

2. Business phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Emergency name and phone number (for after hours use by Police Department):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Physical business location (Street address where business is conducted):

\_\_\_\_\_

5. Mailing address:

\_\_\_\_\_

6. Was the business previously licensed by the Town of Ridgway? ( ) Yes ( ) No

Under what name: \_\_\_\_\_

Location: \_\_\_\_\_ Owned by: \_\_\_\_\_

7. Nature of the business (types of sales or services): \_\_\_\_\_

8. Legal name and address of the taxpayer. If this is not the same as the owner of the business, attach a full explanation.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

9. Name of manager: \_\_\_\_\_ Phone number: \_\_\_\_\_

10. Type of taxpayer entity:

( ) Individual ( ) Partnership ( ) Limited Partnership ( ) Corporation

( ) Non-Profit Corporation ( ) Unincorporated Organization ( ) Other: \_\_\_\_\_

Full legal name of partnership or corporation: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

11. For individually owned businesses indicate the name and address of any owner not included in #8:

Name	Address
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12. For partnerships or limited partnerships, list the name and address of each general partner:

Name	Address
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13. For corporations and non-profit corporations, list the name and address of each officer of the corporation and for corporations other than publicly held corporations indicate the name and address of each shareholder with more than a 20% interest in the corporation other than the officers already listed:

Name	Address
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Name	Address
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14. If the taxpayer is doing business under other business names, indicate the name and address of each business:

Name	Address
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Name	Address
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15. Date taxpayer acquired the business: \_\_\_\_\_  
Entity/person from which business was acquired: \_\_\_\_\_

16. Do you need the Town to provide remittance forms? ( ) Yes ( ) No

**THIS APPLICATION MUST BE SIGNED BY OWNER, OFFICER OR PARTNER OF TAXPAYER AS APPROPRIATE.**

By: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Town of Ridgway  
PO Box 10 or 201 Railroad Street  
Ridgway, CO 81432  
(970) 626-5308 Ext. 10**

**Fee amounts: \$ 25.00 - New sales tax license  
20.00 - Renewal sales tax license**