

**TOWN OF RIDGWAY**  
**SALES TAX/TRANSIENT MERCHANT APPLICATION**

***For Town Use Only***

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

Any Restrictions Placed \_\_\_\_\_

Type \_\_\_\_\_

\_\_\_\_\_

**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. Legal name of taxpayer: (If this is not the same as the owner of the business, attach a full explanation).

\_\_\_\_\_

2. Type of taxpayer entity:

Individual       Partnership       Corporation       Non-Profit Corporation

Unincorporated Organization       Joint Venture       Other \_\_\_\_\_

3. Mailing address of taxpayer: \_\_\_\_\_

\_\_\_\_\_

4. Phone number of taxpayer: \_\_\_\_\_

5. For individually owned businesses indicate the name and address of any owner not included in #1.

\_\_\_\_\_

Name

Address

6. For partnerships list the name and address of each general partner:

\_\_\_\_\_

Name

Address

7. For non-profit corporations and corporations, list the name and address of each officer of the corporation and for corporation 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

\_\_\_\_\_

Name

Address

8. Name under which business will be conducted: \_\_\_\_\_

9. Location in which business will be conducted: \_\_\_\_\_

10. Dates business will be conducted: \_\_\_\_\_

11. Nature of the business and goods or services being offered: \_\_\_\_\_  
\_\_\_\_\_
12. Name every employee or agent who will engage in behalf of this business: \_\_\_\_\_  
\_\_\_\_\_
13. Type of signage proposed to be used: \_\_\_\_\_
14. State sales tax number: \_\_\_\_\_ Ridgway sales tax number: \_\_\_\_\_

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

Pursuant to Section 8-3-2 of the Official Code of the Town of Ridgway, Colorado, the undersigned applies as a transient merchant to sell within the Town of Ridgway. The undersigned hereby appoints the Ridgway Town Clerk as the true & lawful agent with full power and authority to acknowledge service of process for or on behalf of this business, and each agent and employee thereof.

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

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

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

**Fee amounts: \$ 25.00 - 4 day merchant license  
50.00 - 6 month merchant license  
25.00 - New sales tax license  
20.00 - Renewal sales tax license**