



THE CITY OF ASPEN

Sales Tax and Business License
Combined Special Event Sales Tax and Business License Application

130 South Galena Street
Aspen, Colorado 81611
(970) 920-5043

E-mail: aspensalestax@cityofaspen.com

Have you applied for a Sales Tax and Business License before? Y/N ____ BL#: _____

TO FILE ONLINE VISIT: <https://onlinefiling.cityofaspen.com/citizenaccess/>

PLEASE PRINT OR TYPE CLEARLY

Name of Event: _____

Date of Event: _____

Name of Business: _____

Sales Tax/Primary Mailing Address: _____

Street

City

State

Zip

Location Address: _____
Street

City

State

Zip

Address To Which You Would Like Licenses Mailed:

____ Same as Sales Tax Address

____ Same as Location Address

____ Other: _____

Phone No. of Business: () _____ Fax No: () _____

Sales Tax Contact: _____ Contact Phone: _____

E-mail Address: _____ Web Page Address: _____

Colorado Sales Tax License No: _____ - _____ If Being Applied For, Date? _____

Nature of Business / Products Sold: _____

Names of Owners, Partners, or Managers of the Business:

A. _____ Title _____

B. _____ Title _____

C. _____ Title _____

One Day License.....\$15
 Two Day License.....\$25
 Not-for-Profit Groups (IRS Section 501 © (3) certificate required).....\$0

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

SIGNATURE OF APPLICANT: _____ **DATE:** _____