

# CITY OF CHERRY HILLS VILLAGE

2450 E. Quincy Avenue  
Cherry Hills Village, CO 80113  
www.cherryhillsvillage.com

Village Center  
Telephone 303-789-2541  
FAX 303-761-9386

## Sales Tax License Application

Mail completed forms to: [salestax@cherryhillsvillage.com](mailto:salestax@cherryhillsvillage.com). There is no Sales Tax License fee.

Article IV of Chapter 4 of the Cherry Hills Village Municipal Code; [www.cherryhillsvillage.com/SalesTax](http://www.cherryhillsvillage.com/SalesTax)

### Business Information

Name of Company: \_\_\_\_\_ DBA: \_\_\_\_\_

Type of Ownership:  Corporation  LLC  Partnership  Other: \_\_\_\_\_

Description of Business: \_\_\_\_\_

State Tax ID: \_\_\_\_\_ EIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

### Filing Information

Anticipated Annual Taxable Sales into Cherry Hills Village: \_\$ \_\_\_\_\_

Requested Filing Frequency:  Monthly (Tax Liability \$100.00/month or more)

Quarterly (Tax Liability \$11.00-\$99.99/month)

Annual (Tax Liability \$0-\$10.99/month)

### Applicant Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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## Correspondence Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## Manager or Registered Agent Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## OATH OF APPLICANT

I declare under penalty of perjury that all information herein is true, correct, and complete to the best of my knowledge.

Print Name:
Signature:
Title:
Date:

## FOR CITY USE ONLY

Application Received:	
License/Account Number:	Filing Frequency: