



Town of Crested Butte

PO Box 39
507 Maroon Ave
Crested Butte, Co 81224
(970)349-5338
(970)349-6626 fax
www.townofcrestedbutte.com

Application for Business, Occupation and/or Sales Tax License

Business License (\$100 per year) Amount Paid \$ _____
(Is required for any person to maintain, operate or engage in any business activity on premises within the Town of Crested Butte.)

Lodging Business License (\$10 per pillow per year) Amount Paid \$ _____
This license is for short term rentals, B&B's, and lodging businesses only. If your rental has 1 king and 2 twins the fee is \$40/year. Please call if you have questions.

Sales Tax License (no charge)
(Is required for any person to engage in the business of selling tangible personal property and certain services at retail and for both merchants located within the Town of Crested Butte and those merchants located outside the town, but who make sales and deliveries of tangible personal property into the Town of Crested Butte by mail, common carrier or their own conveyance.)

Nature of Business: _____

Bar / Restaurant	Lodging/Vacation Rental
Construction, Auto or Hardware	Retail Sales
Service	Other: _____

Type of Ownership: ___ Sole Proprietor ___ Partnership ___ Corporation ___ Non-Profit ___ Other _____
(If you are a sole proprietor, you must complete the affidavit on the reverse side and sign before a notary public, available at town hall.)

Legal Name of Business: _____ dba: _____

Business Phone: _____ Fax: _____ Cell Phone: _____

Business Contact: _____ Phone: _____

FEIN#: _____ CO. Sales Tax # _____ Non-profit#: _____

Mailing Address: _____ Physical Address: _____

Email: _____

Owner Name: _____

Position: _____

Address: _____

City, State, Zip _____

Phone: _____

SS# _____

Owner Name: _____

Position: _____

Address: _____

City, State, Zip _____

Phone: _____

SS# _____

Short term rentals only:

Property Management Company(s): _____ VRBO # _____

SALES TAX REMITTANCE INFORMATION

Filing Frequency (sales tax collected/month) : ___ Monthly (>\$50) ___ Quarterly(<\$50) ___ Annual(<\$10)

Name of person preparing Sales Tax Return: _____ Phone: _____

Choose One: ___ Employee ___ Accountant/Bookkeeper ___ Other(specify) _____

EMERGENCY NOTIFICATION (required for local Business Licenses Only)

First Contact by Police Department

Second Contact by Police Department

Name _____
Home Address _____
City, St, Zip _____
Home Phone: _____
Cell Phone: _____

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 Town of Crested Butte tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signed: _____ **Date:** _____
(Must be person legally responsible for business, i.e. owner, partner, officer, etc.)

Print Name: _____ **Title:** _____

CORPORATIONS ONLY:

In consideration of the issuance of the Sales Tax License, I, _____ (name), of _____ (the corporation), it's _____ (title), agree to be individually and personally liable for any sales tax owed. This individual, personal liability is in addition to the liability of _____ (corporation).

LAWFUL PRESENCE AFFIDAVIT

-required for sole proprietors only-

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

I am a United States citizen, or

I am a legal permanent resident of the United States, or

I am otherwise lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature Date _____

STATE OF COLORADO)
)SS
COUNTY OF _____)

SUBSCRIBED and sworn to before me, the undersigned Notary Public, this _____ day of _____, 201____,
by _____, who presented _____ as identification.

My Commission expires: _____

Notary Public

Per HB 06S-1023, you must provide a copy of one of the following IDs with this Affidavit.

Colorado Driver's License, Colorado ID Card, Military ID, Coast Guard mariner document, or Native American tribal document.