



# CITY OF LOVELAND

REVENUE DIVISION  
 Civic Center • 500 East Third STE 320 • Loveland, Colorado 80537  
 (970) 962-2708 • FAX (970) 962-2994 • TDD (970) 962-2620

<b>SALES TAX APPLICATION</b> (This is not a business license. If you are a service or wholesale business you do not need this license) <b>THERE IS A \$20.00 FEE REQUIRED FOR THIS SALES TAX LICENSE</b>						
BUSINESS INFORMATION						
Name:						
DBA Name:						
Address:						
City:		State:		ZIP Code:		
Business Phone:		Business Fax:		Website:		
BUSINESS MAILING INFORMATION						
Address:						
City:		State:		ZIP Code:		
OWNER INFORMATION						
Name:						
Home Address:						
City:		State:		ZIP Code:		
Home Phone:		Cell:		Email:		
DOB:		SSN:		FEIN:		
OWNER INFORMATION – IF APPLICABLE						
Name:						
Home Address:						
City:		State:		ZIP Code:		
Home Phone:		Cell:		Email:		
DOB:		SSN:		FEIN:		
TYPE OF BUSINESS						
City of Loveland Home Based: <input type="radio"/> Yes <input type="radio"/> No (Call Planning at 970-962-2523 if selected Yes)			Commercial: <input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Sole Proprietor <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLP    Other:						
Retail Open Date: (This is the date you started selling at retail not necessarily the date your business started)						
FILING FREQUENCY (IF NOT SELECTED WILL DEFAULT TO MONTHLY)						
<input type="radio"/> Monthly (tax collected is over \$300 per month)			<input type="radio"/> Quarterly (tax collected is \$50.01-\$299.99 per month)			
<input type="radio"/> Annual (tax collected up to \$50 per month)			<input type="radio"/> Seasonal (please list months)			
OFFICE USE ONLY						
OFFICE USE ONLY:		GEO	NAICS	PROP ID	SQ FT	ACCT #
PAID \$20.00 FEE: Cash or Check #						

NAICS CODING (CHECK WHICH BEST DESCRIBES YOUR BUSINESS ACTIVITY)				
<input type="radio"/> Food Stores	<input type="radio"/> Eating Places	<input type="radio"/> Home Furnishings	<input type="radio"/> Apparel Stores	<input type="radio"/> Automotive
<input type="radio"/> General Retail	<input type="radio"/> Utilities	<input type="radio"/> Hotels/Lodging	<input type="radio"/> Consumer Electronics	<input type="radio"/> Manufacturers
<input type="radio"/> Construction	<input type="radio"/> Contractors	<input type="radio"/> Transportation	<input type="radio"/> Computer Related	<input type="radio"/> Retail Building Material
<input type="radio"/> Other:				

**PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR RETAIL NATURE OF BUSINESS**

**SALES TAX APPLICATION QUESTIONS – REQUIRED TO BE ANSWERED**

Will your business sell or in any other way provide marijuana in any form to any person or entity?

If so, do you claim to be qualified as a primary caregiver under the medical marijuana amendment in Section 14, Article XVIII of the Colorado Constitution?

If you claim to be a qualified primary caregiver, to how many patients will you be providing marijuana?\*

**\*Warning:** Under City Ordinance No. 5474, primary caregivers receiving a Loveland sales tax license after November 17, 2009, are prohibited from providing marijuana to more than five patients at a time.

**SIGNATURES**

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true correct and complete. I also authorize the City of Loveland shall any of my sales tax payments be returned for insufficient funds to debit my account until the debt is paid in full.

Signature of applicant:	Date:
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