



# Tax License Application

CITY OF GREENWOOD VILLAGE  
6060 South Quebec Street  
Greenwood Village, Colorado 80111  
303-773-0252

## General Information

Business Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Street (Include Suite Number) City State Zip Code

Mailing Address: \_\_\_\_\_  
Street (if different than Business Address) City State Zip Code

Business (Local) Phone Number: \_\_\_\_\_ First Day of Business in Greenwood Village: \_\_\_\_\_

### Contact Information for Tax Related Matters:

\_\_\_\_\_  
Name Telephone Number E-mail Address

\_\_\_\_\_  
Name Telephone Number E-mail Address

Type of Ownership: \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_ Other (All exempt organizations must include copy of 501(c) (3) form)

List Owner(s) or Corporate Officer(s): (attach supplemental sheet, if necessary)

\_\_\_\_\_  
Name Address Telephone Number

\_\_\_\_\_  
Name Address Telephone Number

\_\_\_\_\_  
Name Address Telephone Number

Federal Employer I.D. (FEIN): \_\_\_\_\_

State of Colorado Sales Tax Account Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_  
(Description of Goods Sold or Services Provided. Food Establishments Must Supply a Copy of Approved Tri-County Health License)

Emergency Contact: \_\_\_\_\_  
Name Telephone E-mail Address

**This information will be shared with the Greenwood Village Police for the sole purpose of contact in case of police or fire emergency. For this reason, please provide a local contact name. Attach supplemental sheet, if necessary.**

