



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: [aspen\\_sales\\_tax@ci.aspen.co.us](mailto:aspen_sales_tax@ci.aspen.co.us)

Web Page: <http://aspenpitkin.com/Departments/Finance-City-of-Aspen/Business-Sales-Tax-License/>

***Please Type or Print Clearly:***

Name 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 \_\_\_\_\_

- |                          |   |      |
|--------------------------|---|------|
| <input type="checkbox"/> | One Day License.....  | \$15 |
| <input type="checkbox"/> | Two Day License.....  | \$25 |
| <input type="checkbox"/> | 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:** \_\_\_\_\_