



CITY OF FORT MORGAN
CITY CLERK
P.O. BOX 100
FORT MORGAN, CO 80701
970-542-3960; FAX: 970-542-3968

APPLICATION FOR CITY SALES TAX LICENSE

Today's Date _____

Effective Date of Business _____

State Sales Tax License Number _____

BUSINESS NAME and OWNER NAME MUST BE THE SAME AS STATE SALES TAX LICENSE
(Attach a Copy of Colorado State Sales Tax License)

Business Name (dba) _____

Business Address in Fort Morgan _____

Business Phone No. _____

Type of Business _____

Name of Owner _____

Mailing Address of Owner (if different than Business) _____

Owner Phone No. (if different than Business) _____

Type of Ownership _____

If Branch, Corporate Address _____

Corporate Phone No. _____

(Signature of Owner/Applicant)

OFFICE USE ONLY

PLANNING & ZONING DEPARTMENT: ZONING DISTRICT _____ DOES THIS COMPLY WITH
THE ZONING AND LAND USE CODE? _____ (YES/NO)

COMMENTS: _____

Approved by Director of Community Development

DATE: _____

CITY SALES TAX LICENSE NO. _____

DATE ISSUED: _____

FOR YOUR INFORMATION ONLY:

COPIES SUBMITTED TO: _____ POLICE DEPT _____ WWTP _____ FIRE DEPT