



City of Dacono
 512 Cherry Street
 Dacono, CO 80514
 Phone: 303.833.2317
 cityofdacono.com

Today's Date: _____

Name of Company/Individual		
Doing Business As		
Business Address (Street, City, State, Zip)		
Mailing Address (if different) (Street, City, State, Zip)		
Business Phone Number ()	Business Fax Number ()	Email Address:
Owner(s) Name and Phone Number (if other than Sole Proprietor, list two names)		()
		()

State Sales Tax License Number: _____

Requested Filing Frequency: Yearly ___ Quarterly ___ Monthly ___

Business Form: Sole Proprietor ___ Partnership ___ Corporation ___ S Corporation ___ LLC ___ Other ___

What do you sell? _____

Retail ___ Wholesale ___

Date Business Started/Will Start or Date of First Sale in Dacono: _____

Number of Employees in Dacono: _____

Federal Tax ID (sole proprietors use SSN): _____

SIC Code: _____

Does your business require any licenses or approvals from other governmental agencies (e.g. EPA, Weld County Public Health Department, or a State licensing agency)?

Yes ___ No ___ If yes, please attach a copy of each approval received and list below approvals required but not yet received.

_____ (Continued on back)

- 1.) **Registration must be fully completed.**
- 2.) **I declare under penalty of perjury that this registration has been examined by me and that the statements made herein are made in good faith pursuant to City of Dacono Tax Laws and Regulations, and to the best of my knowledge and belief are true, correct, and complete.**

Signature _____ **Date** _____

Title _____

Instructions for use of your City of Dacono sales tax account will be emailed to you at the email address provided on the front page of this form.