

City of Lone Tree Sales/Use Tax Division 9220 Kimmer Dr., Suite 100



Phone: 303.708.1818

Fax: 303.225.4949

Lone Tree, CO 80124	_			www.c	<u>ityoflonetree.com</u>
Combined Retail License Fee - \$15.00	BUSINESS LICENSE AND	D SALES/USE TAX	SALES/USE TAX: 2.5%		
Business Only License Fee - \$10.00	Please Print Legibly			LODGING TAX: 6%, ADMISSION TAX: 4%	
REGISTERED NAME OF COMPANY			DOING BUSINES	SS AS (DBA) NAME	
BUSINESS START DATE IN LONE TREE	FEIN OF SSN	STATE ID#		BUSINESS PHONE	BUSINESS FAX
BUSINESS LOCATION PHYSICAL ADDRESS (No P	•	CITY, STATE	•	ZIP	
CORRESPONDENCE CONTACT NAME	CORRESPONDENCE PHON	IE CORRESPOND	ENCE EMAIL		
CORRESPONDENCE MAILING ADDRESS		CITY, STATE	ZIP		
MANAGER OR REGISTERED AGENT	NAGER OR REGISTERED AGENT MANAGER/AGENT PHONE		AGENT EMAIL		
MANAGER OR REGISTERED AGENT MAILING ADDRESS		I	CITY, STATE		ZIP
TYPE OF REGISTRATION REQUIRED					
BUSINESS LICENSE ONLY (No Taxable S	ales) \$10.00 License Fee	COMBINED I	BUSINESS/RETA	IL SALES TAX LICENSE \$15	.00 LICENSE FEE
WILL YOU BE MAKING RETAIL SALES OF TANG	IBLE PERSONAL PROPERTY?	YES		NO	
BUSINESS LICENSE ONLY FEE: \$10.00 (O	ne Time Fee, No Renewal)	COMBINED RETAIL	LICENSE FEE: \$15	5.00 (Biennial License Subjec	t to renewal)
TYPE OF BUSINESS ACTIVITY (PLEASE SELECT O					
ACCOUNTING FIRM	AUTO SALES	INTERIOR DES	SIGN	RESIDENTIAL BUS.	OTHER:
CHILD CARE	BEAUTY SALON	LEASING COM	IPANY	RESTAURANT	
CONSULTING SERVICES	CONTRACTOR - GENERAL	LIQUOR SALES	S	RETAIL SERVICES	
ENGINEERING SERVICES	CONTRACTOR - SUB	LODGING		SELF STORAGE	
FINANCIAL INSTITUTION	DISTRIBUTOR	MAINTENANO	Œ	SOLICITOR	
INSURANCE COMPANY	ENTERTAINMENT	MESSAGE THE	RAPY	TELECOMMUNICATION	NS
MARKETING	FOOD SERVICES	MEDICAL SER		TELEVISION-CABLE/SA	
REAL ESTATE	GOVERNMENT			UTILITIES	
	HEALTH CLUB			WHOLESALE	
REQUEST FOR PRE-PRINTED SALES TAX FORMS	REQUESTED TAX REPORTI	ING FREQUENCY?		NEW BUSINESS OR PURCHA	ASE OF A BUSINESS?
NO - PREFER TO FILE ONLINE	MONTHLY (TAX LIABILITY \$100/MO OR MO		RE) NEW BUSINESS IN LONE		IE TREE
NO - FORMS REQUIRED	· ·			BUSINESS ASSET PURCHASE	
YES - SEND FORMS VIA EMAIL		ANNUAL (TAX LIABILITY \$10/MO OR LESS)		OTHER (EX: STOCK PURCHASE)	
YES - SEND PAPER FORMS BY MAIL		OCCASIONAL (BUSINESS LICENSE ONLY)		·	
TYPE OF BUSINESS (PLEASE SELECT ONE)	,	•		ESTIMATED ANNUAL TAXA	BLE SALES (IF ANY)
CORPORATION LLC			OTHER:	SQ. FOOTAGE OF LONE TREE LOCATION	
PARTNERSHIP	SUB-S CORPORATION			# OF EMPLOYEES AT LONE TREE LOCATION	
SOLE PROPRIETOR	TRUST			1	
I declare, under penalty of perjury, that the sta	itements made herein are, to th	ne best of my knowled	ge, true and corre	ect.	
SIGNATURE Applicant or Authorized Agen	t) PRINT NAME (Applica	PRINT NAME (Applicant or Authorized Agent)		ile Date	
ONLINE TAX RETURN FILINGS:	FILE REGISTRATION & TAX RETURN FORMS TO:		,		
		City of Lone Tree			
www.XpressBillPay.com	·	PO BOX 17987			
	DENVER, CO 80217-0987				Revised 11/2023



Phone: 303.708.1818 Fax: 303.225.4949 www.cityoflonetree.com/salestax

INSTRUCTIONS FOR BUSINESS REGISTRATION AND SALES/USE TAX APPLICATION

- 1. Please complete the entire form.
- 2. The top portion of the form is for the purpose of gathering name, location, and contact information. Please provide all contact information requested to assist in setting up an accurate City business account.
- 3. Determine the type of license you need.

BUSINESS LICENSE ONLY:

A business license only account is for registrants that will not make any sales of tangible personal property, as defined in City Municipal Code Sec. 4-3-110, within the City of Lone Tree. These are typically service-based industries, such as accounting and law firms, insurance companies, child care facilities, etc. Although a business license only account will not be responsible for the regular filing of sales tax returns these accounts are still required to file & remit consumer use tax.

COMBINED BUSINESS & SALES TAX LICENSE:

A combined business and sales tax license is for all retailers that make sales of tangible personal property within the City of Lone Tree as defined under City Municipal Code Sec. 4-3-110. These accounts are set up to file sales tax return forms on a regular filing schedule. These accounts are also responsible for the remittance of consumer use tax due on business use purchases. Both the sales and use taxes due for these accounts are filed on the City's combined sales & use tax return form.

All requests for licenses are reviewed and approved by the City's tax department. The tax department reserves the right to make final determination of the type of license issued based on the information provided on the application form.

- 4. Select your type of business. This information is needed to determine the type of license to issue to your business.
- 5. If you are making retail sales transactions within the City, please estimate the gross annual sales you expect to be making. This estimate is used to determine your filing frequency.
- 6. If you have a physical location within the City of Lone Tree, please include the square footage of your retail and/or office space and the number of employees employed at that physical location.
- 7. Select the type of ownership.
- 8. Request a filing frequency. All final determinations of filing frequency are made by the City's tax department.
- 9. DO YOU WANT THE CITY TO PROVIDE YOU WITH PRE-PRINTED SALES TAX RETURN FORMS? If so, select "Yes". If you do not wish to receive these pre-printed forms then select "No". If no selection is made the City will not be sending you pre-printed forms.
- 10. Is this a new business within Lone Tree or have you purchased an existing business?
- 11. Sign, print your name, provide your business title, and date this form.
- 12. Submit a license fee with this form. Business License Only: \$10.00 (no renewal, no expiration); Combined Retail License: \$15.00 (2 year license, renewal in even number years). Checks should be made out to the City of Lone Tree.
- 13. FOR BUSINESSES PHYSICALLY LOCATED IN LONE TREE: It is required that you complete the Lone Tree Police Department's Business Contact Form. Failing to submit the LTPD contact form with your business registration form may result in a delay when issuing your license.
- 14. Mail completed business registration form, license fee, and LTPD business contact form (if applicable) to the following address:

City of Lone Tree PO Box 17987 Denver, CO 80217-0987

15. The City will review your business registration form and assign you a City license number. This process can take four to six weeks to complete. You will be mailed a new license packet containing your business license, return forms (if applicable), and additional City information.



LONE TREE POLICE DEPARTMENT

BUSINESS CONTACT FORM

DEAR VALUED MERCHANT,

TO IMPROVE OUR SERVICE & BETTER PROTECT YOUR BUSINESS, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROMPTLY RETURN IT TO THE POLICE DEPARTMENT AT: 9220 KIMMER DR., #120, LONE TREE, CO. 80124. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE COMMUNITY PARTNERSHIP UNIT AT (303)339-8150. THANK YOU FOR YOUR ASSISTANCE AND COOPERATION.

BUSINESS NAME:		ADDRESS IN LONE TREE, INCLUDING APPLICABLE SUITE OR UNIT #s:					
BUSINESS OWNER NAME:		OWNER'S TELEPHONE NUMBERS:					
		H:	W:	C:			
BUSINESS PHONE:	BUSII	NESS FAX:					
EMAIL ADDRESS	Business Watch Members receive e-mails on safety information, or activity and trends, tips to protect you business from loss, and school of upcoming business watch classes. MAKE SURE YOU PROVIDE US WITH AN E-MAIL ADDR MY BUSINESS WOULD LIKE TO BE A MEMBER OF THE LONE TREE BUSINESS WATCH PROGRAM.						
HOURS OF OPERATION:							
WHAT TYPE OF BUSINESS DO YOU OPERATE? (PLEASE GENERALLY DESCRIBE PRODUCTS/SERVICES, TO INCLUDE PRESENCE OR USE OF HAZARDOUS MATERIALS.)							
IS YOUR BUSINESS PREMISE EQUIPPED WITH ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)							
MONEY SAFEMOTION-ACTIVATED EXTERIOR LIGHTINGSECURITY CAMERA(S); INTERIOR, EXTERIOR, BOTH							
TYPE OF ALARM AUDIBLE SILENT CLASS OF ALARM INTRUSION PANIC HOLDUP MEDICAL							
NAME OF ALARM COMPANY: ADDRE		RESS OF ALARM COMPANY: PHONE		PHONE NUMBER OF ALARM COMPANY:			
PRIVATE SECURITY OR JANITORIAL PERSONNEL; IF SO, LIST COMPANY NAME(S), CONTACT #, DAYS/HOURS PRESENT							
IN THE EVENT OF AN EMERGENCY, THE POLICE DEPARTMENT WILL CONTACT THE FOLLOWING <u>KEYHOLDING</u> EMPLOYEES IN THE LISTED PREFERENCE ORDER:							
#1 NAME	TITLE		ADDRESS	PHONE NUMBER:			
#2 NAME	TITLE		ADDRESS	PHONE NUMBER			
#3 NAME	TITLE		ADDRESS	PHONE NUMBER			
FOR OFFICE USE ONLY:				<u>.</u>			
ORIGINAL	_UPDATED	SENT	T TO DISPATCH	DATE:			