



CITY OF LONE TREE

Combined Retail License Fee - \$15.00 Business Only License Fee - \$10.00		<b>BUSINESS LICENSE AND SALES/USE TAX APPLICATION</b> Please Print Legibly			SALES/USE TAX: 1.8125% LODGING TAX: 6%, ADMISSION TAX: 4%	
REGISTERED NAME OF COMPANY				DOING BUSINESS AS (DBA) NAME		
BUSINESS START DATE IN LONE TREE		FEIN OF SSN	STATE ID#		BUSINESS PHONE	BUSINESS FAX
BUSINESS LOCATION PHYSICAL ADDRESS (No P.O. Box)				CITY, STATE		ZIP
CORRESPONDENCE CONTACT NAME		CORRESPONDENCE PHONE	CORRESPONDENCE EMAIL			
CORRESPONDENCE MAILING ADDRESS				CITY, STATE		ZIP
MANAGER OR REGISTERED AGENT		MANAGER/AGENT PHONE	MANAGER/AGENT EMAIL			
MANAGER OR REGISTERED AGENT MAILING ADDRESS				CITY, STATE		ZIP
TYPE OF REGISTRATION REQUIRED						
BUSINESS LICENSE ONLY (No Taxable Sales) \$10.00 License Fee			COMBINED BUSINESS/RETAIL SALES TAX LICENSE \$15.00 LICENSE FEE			
WILL YOU BE MAKING RETAIL SALES OF TANGIBLE PERSONAL PROPERTY?			<b>YES</b>		<b>NO</b>	
BUSINESS LICENSE ONLY FEE: \$10.00 (One Time Fee, No Renewal)			COMBINED RETAIL LICENSE FEE: \$15.00 (Biennial License Subject to renewal)			
TYPE OF BUSINESS ACTIVITY (PLEASE SELECT ONE)						
ACCOUNTING FIRM	AUTO SALES	INTERIOR DESIGN	RESIDENTIAL BUS.	OTHER: _____		
CHILD CARE	BEAUTY SALON	LEASING COMPANY	RESTAURANT	_____		
CONSULTING SERVICES	CONTRACTOR - GENERAL	LIQUOR SALES	RETAIL SERVICES	_____		
ENGINEERING SERVICES	CONTRACTOR - SUB	LODGING	SELF STORAGE	_____		
FINANCIAL INSTITUTION	DISTRIBUTOR	MAINTENANCE	SOLICITOR	_____		
INSURANCE COMPANY	ENTERTAINMENT	MESSAGE THERAPY	TELECOMMUNICATIONS	_____		
MARKETING	FOOD SERVICES	MEDICAL SERVICES	TELEVISION-CABLE/SAT	_____		
REAL ESTATE	GOVERNMENT	OFFICE SUPPLIES	UTILITIES	_____		
	HEALTH CLUB	RELIGIOUS - EXEMPT	WHOLESALE	_____		
REQUEST FOR PRE-PRINTED SALES TAX FORMS		REQUESTED TAX REPORTING FREQUENCY?		NEW BUSINESS OR PURCHASE OF A BUSINESS?		
NO - PREFER TO FILE ONLINE		MONTHLY (TAX LIABILITY \$100/MO OR MORE)		NEW BUSINESS IN LONE TREE		
NO - FORMS REQUIRED		QUARTERLY (TAX LIABILITY \$11-\$99/Month)		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 TAXABLE 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				
I declare, under penalty of perjury, that the statements made herein are, to the best of my knowledge, true and correct.						
SIGNATURE Applicant or Authorized Agent)		PRINT NAME (Applicant or Authorized Agent)		Title	Date	
ONLINE TAX RETURN FILINGS:		FILE REGISTRATION & TAX RETURN FORMS TO:				
<a href="http://www.XpressBillPay.com">www.XpressBillPay.com</a>		City of Lone Tree PO BOX 17987 DENVER, CO 80217-0987				
						Revised 5/2019



## 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:	BUSINESS FAX:

<b>EMAIL ADDRESS</b>  	<p style="color: red;"><b>Business Watch Members receive e-mails on safety information, criminal activity and trends, tips to protect you business from loss, and schedules of upcoming business watch classes.</b></p> <p style="color: red;"><b>← MAKE SURE YOU PROVIDE US WITH AN E-MAIL ADDRESS</b></p> <p style="color: red;"><input type="checkbox"/> <b>MY BUSINESS WOULD LIKE TO BE A MEMBER OF THE LONE TREE BUSINESS WATCH PROGRAM.</b></p>
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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 SAFE     MOTION-ACTIVATED EXTERIOR LIGHTING     SECURITY CAMERA(S); INTERIOR, EXTERIOR, BOTH  
TYPE OF ALARM     AUDIBLE     SILENT                      CLASS OF ALARM     INTRUSION     PANIC     HOLDUP     MEDICAL

NAME OF ALARM COMPANY:	ADDRESS OF ALARM COMPANY:	PHONE NUMBER OF ALARM COMPANY:
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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 KEYHOLDING 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:**

ORIGINAL     UPDATED     SENT TO DISPATCH    DATE: \_\_\_\_\_