

STATE ACCOUNT # _____ COUNTY ACCOUNT # _____

**APPLICATION FOR NEW SALES TAX LICENSE
LAKE COUNTY (LEADVILLE/TWIN LAKES)
COLORADO**

1. _____
PERSON REQUESTING LICENSE

2. _____
COMPANY NAME

3. _____
CORPORATION IF ANY

4. _____
MAILING ADDRESS

5. _____
PHYSICAL ADDRESS (PLEASE INCLUDE EVEN IF NOT IN COUNTY)

6. _____
PHONE NUMBER

7. _____
NATURE OF BUSINESS

SIGNATURE OF APPLICANT

BUILDING DEPT SIGNATURE

**COUNTY CLERK OR DEPUTY CLERK
SIGNATURE**

CITY CLERK SIGNATURE

**PLEASE RETURN TO: LAKE COUNTY CLERK
PO BOX 917
LEADVILLE, CO 80461**

**THE LICENSE EXPIRES ON DECEMBER 31ST OF EVERY YEAR AND THERE
IS NO FEE FOR THE LICENSE. THANK YOU!**