

YEAR COVERED **2005**

\$15.00 Renewal Fee

CITY OF MONTROSE
SALES TAX LICENSE RENEWAL
433 S First St., PO Box 790, Montrose, CO 81402-0790
(970) 240-1465

ACCOUNT(LICENSE) NUMBER _____

BUSINESS NAME _____

MAILING ADDRESS _____
Corporation

LOCATION ADDRESS _____

MANAGER NAME _____

BUSINESS PHONE _____

EMERGENCY PHONE _____

Type of taxpayer entity:

Individual

Non-Profit

Partnership

Corporation

Limited Partnership

Unincorporated Organization

Joint Venture

Limited Liability Corporation

Other _____

Legal Corporate/Partnership name _____

Nature of the business (**type of product(s) or service(s) sold**) _____

I HAVE STOPPED ALL BUSINESS ACTIVITY WITHIN
THE CITY LIMITS OF MONTROSE. PLEASE CANCEL MY
LICENSE.

Date business activity stopped _____

OWNER/SHAREHOLDER

ADDRESSES

PHONE NUMBERS

OTHER INFORMATION _____

Information completed by _____ Title _____ Date _____