



_____ Application for Vendor's Sales Tax License ONLY

_____ Notification of Booth Closure

CHECK ONE OF THE ABOVE

PRINT OR TYPE YOUR INFORMATION

Return Completed Form and **Vendor License Fee of \$15.00** to: T.O.S.V. - P.O. Box 5010 - Snowmass Village, CO 81615 -

1. NAME OF BOOTH: _____

2. BUSINESS NAME: _____

MANDATORY INFORMATION:

3. NAME/TITLE OF CONTACT PERSON _____ BUS. PH.: _____

4. CELL PH.: _____ EMERGENCY PH.: _____

5. MAILING ADDRESS: _____
(required for all licenses) City State Zip

6. LOCAL P.O. BOX: _____
(if residing in Snowmass Village) City State Zip

7. PHYSICAL ADDRESS: _____
(required for all licenses) City State Zip

8. LIST OWNER(S) AND/OR OFFICER(S): _____

9. FAX: _____

10. Email: _____

11. PLEASE WRITE NAME OF SPECIAL EVENT YOU ARE PARTICIPATING IN HERE: _____

12. WHAT IS YOUR STATE OF COLORADO **SALES TAX** IDENTIFICATION NUMBER. (IF YOU ARE AN OUT-OF-STATE BREWERY YOU WILL NEED A STATE OF COLORADO **SALES TAX** IDENTIFICATION NUMBER AS WELL).

I.D. NUMBER HERE

13. WHAT IS YOUR FILING STATUS: _____ Monthly _____ Quarterly
(YOU MUST CHOOSE MONTHLY IF YOU REMIT MORE THAN \$60.00 PER MONTH IN SALES TAXES).

14. FORM COMPLETED BY: _____
(Name) (Title) (Date)

**THANK YOU FOR YOUR PARTICIPATION
AS A VENDOR IN THIS SNOWMASS VILLAGE
SPECIAL EVENT !!!**