

Sales Tax Account Application	
BUSINESS INFORMATION	
Name of Company or Individual	
DBA	
Business Address	
City State Zip	
Mailing Address (if different)	
City State Zip	
BUSINESS CONTACT INFORMATION	
Phone Number	
Accounting Phone Number	
Email Address	
VENDOR TYPE	
Check all that apply	<div> <div>Home Business</div> <div>Physical Storefront in Craig</div> <div>Out of City Limits</div> <div>Mobile Street Vendor</div> <div>Online Retailer</div> <div>Special Events Only</div> <div>Other</div> </div>
EMERGENCY CONTACT INFORMATION	
Contact Name	
Emergency Phone Number	
NATURE OF BUSINESS ACTIVITY	
What do you sell?	
Is your business seasonal?	
BUSINESS INFORMATION	
First date of retail sales in Craig	
Colorado State Sales Tax Number	
Federal EIN or SSN	
State of CO Filing Frequency	
City of Craig Filing Frequency Requested	
Do you need any tax forms to complete for prior reporting periods with the City of Craig?	
If yes, which periods?	
MANAGER INFORMATION	
Name of Manager	
Address	
City, State, Zip	
Phone Number	
Email Address	

BUSINESS OWNERSHIP	
Entity Type	
OFFICER INFORMATION	
Owner/Partner/President	
Name	
Address	
City, State, Zip	
Phone	
Vice President/Partner	
Name	
Address	
City, State, Zip	
Phone	
Secretary/Treasurer	
Name	
Address	
City, State, Zip	
Phone	
Registered Agent in Colorado	
Name	
Address	
City, State, Zip	
Phone	
Local Manager	
Name	
Address	
City, State, Zip	
Phone	
THIS APPLICATION MUST BE SIGNED BY SOMEONE WITH THE AUTHORITY TO DO SO	
Name as electronic signature	
Title	
Date	