



Address Change Application

Revenue Division
 500 East Third St., STE 110
 Loveland, CO 80537

(970) 962-2708
 FAX (970) 962-2927
salestax@cityofloveland.org
cityofloveland.org/salestax

ONLY to be completed if Business Location Changes

PART A - Registrant Information	1) Legal/True Name of Business (Last, First if Individual)				CITY USE ONLY	
	2) Trade Name (Doing Business As) (If Applicable)				Acct	
	3) Location Street Address with Suite Number (No PO Boxes)				GEO	NAICS
	4) City				5) State	6) Zip Code
	7) Federal Employer ID				8) Colorado Sales Tax Account	
	9) Previous License Information Previous Location Address: _____ License Number: _____ Date of Address Change: _____			10) Legal Form (check only one): <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership (General or Limited) <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____		
	11) Location/Account Type (check only one): <input type="checkbox"/> Commercial (Including retail, office, and industrial locations) <input type="checkbox"/> Out of City Location(s) <input type="checkbox"/> Catalogue or Internet Sales Account					
	Licensing Information					
	12) Send Licensing Correspondence Care Of			13) Licensing Phone Number		14) Licensing E-mail Address
	15) Mailing Address for Licensing Correspondence					
16) City		17) State	18) Zip Code			
Tax Compliance Information						
19) Send Tax Correspondence Care Of			20) Tax Compliance Phone Number		21) Tax Compliance E-mail Address	
22) Mailing Address for Tax Correspondence						
23) City		24) State	25) Zip Code			
Third Party Preparer Information						
26) Preparer Name			27) Preparer Phone Number		28) Preparer E-mail Address	
29) Mailing Address for Third Party Preparer						
30) City		31) State	32) Zip Code			
33) Address where Tax Records may be Inspected (No PO Boxes)						
34) City		35) State	36) Zip Code			
PART B - Address & Contact Information						

This form has 2 pages. Both pages must be completed. Incomplete applications will be returned.

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37) Legal/True Name of Business (From Part A, Line 1)

PART C - Officers	38) Name of principal officer, owner, partner, member, or manager		39) Telephone		40) Title	
	41) Address of principal residence		42) City		43) State	44) Zip Code
	45) Name of other officer, owner, partner, member, or manager		46) Telephone		47) Title	
	48) Address of principal residence		49) City		50) State	51) Zip Code
Additional officers, owners, partners, members, or managers may be included on attachments.						

PART D - Business Information	51) Internet Address http://		Number of Employees at this Location		
			52) FT	53) PT	
	54) Primary Business Type (check only one)				
	<input type="checkbox"/> Retail	<input type="checkbox"/> Manufacturing or Processing	<input type="checkbox"/> Financial Institution		
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Professional or Service	<input type="checkbox"/> Leasing			
<input type="checkbox"/> Hospitality or Entertainment	<input type="checkbox"/> Construction	<input type="checkbox"/> Government/Non-Profit			
55) Description of Goods Sold					
56) Requested Reporting Frequency					
<input type="checkbox"/> Monthly (Sales \$10,000/month)					
<input type="checkbox"/> Quarterly (Sales \$1,667-\$9,999/month)					
<input type="checkbox"/> Annually (Sales \$1,666/month)					

Note: Issuance of the sales tax license does not supersede other City ordinances which may prohibit this type of business operation within the city limits of Loveland.

Under penalties of perjury, I declare that I have examined this sales tax license application and it is true and correct to the best of my knowledge & belief.

Signature of Registrant or Authorized Agent



Signature

Date

Printed Name

Title