

BUSINESS LICENSE AND SALES TAX LICENSE APPLICATION

BUSINESS NAME:	
Enter the name you will be doing bu	siness as. You must operate and advertise in the exact name listed.
MAILING ADDRESS:	
Street Address or PO Box	City State Zip
PHYSICAL ADDRESS:	
Street Address	City State Zip
CONTACT INFORMATIO	N:
Print Name/Title	Telephone/Cell Number Email Address
☐ Sole Proprietor ☐ Partners Name(s) of Owner(s) OR En	
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□ Sole Proprietor □ Partners Name(s) of Owner(s) OR En Clearly print name of Sole Propriet partners on a separate page) OR En ADDITIONAL LICENSE/I Professional License Number SALES TAX LICENSE: Colorado State Sales Tax R By signing this application, and complete. Signature of Applicant	Thip Corporation LLC LLP LP Dother
□ Sole Proprietor □ Partners Name(s) of Owner(s) OR En Clearly print name of Sole Propriet partners on a separate page) OR En ADDITIONAL LICENSE/I Professional License Number SALES TAX LICENSE: Colorado State Sales Tax R By signing this application, and complete. Signature of Applicant	Thip Corporation LLC LLP LP Dother