



Business/Event/Sales & Use Tax License Application

Applicant business name: _____

Trade name (D/B/A): _____

Start date of doing business in Durango: _____

Select **one** of the following (required):

New license application _____	\$30.00	\$ _____
<i>(Includes existing businesses under new ownership)</i>		
Change of business location _____	\$30.00	\$ _____
<i>(For an active license relocating within Durango city limits)</i>		

Previous location address: _____

Select **one** of the following licenses:

A. Annual Business License
 Determined by the number of owners and employees working within the City of Durango, includes Sales Tax License

0-5 employees _____	\$50.00	\$ _____
6-10 employees _____	\$78.00	\$ _____
11-20 employees _____	\$105.00	\$ _____
21 employees and over _____	\$122.00	\$ _____

B. Events License, based on the number of events a vendor plans to attend within the City of Durango in this calendar year:

0-15 events _____	\$25.00	\$ _____
Over 15 events _____	\$50.00	\$ _____

C. Sales Tax Only License _____ \$25.00 \$ _____
Business has no physical presence in the City of Durango; business does not send a salesperson, delivery truck, or representative into the City; product is shipped into the City by common carrier.

Additional annual license fees, if applicable:

Lodgers tax license _____	\$25.00	\$ _____
Cross connection control technician _____	\$50.00	\$ _____
Pawnbroker/Second hand goods dealer _____	\$50.00	\$ _____
Tree trimmer license _____	\$90.00	\$ _____
Solicitation License w/ background check and ID Badge (each permitted solicitor) _____	\$105.00	\$ _____

Total all license fees payable to the City of Durango: \$ _____

Business Information

Address of premises: _____

City, state, ZIP: _____ Premises telephone: _____

Business email: _____ Website: _____

Check here if business is based in a home within the City of Durango. All home-based businesses must first obtain a Special Use Permit from Planning (1235 Camino del Rio; ph. 375-4850) and attach it to this application. The Permit is required even if clients are not seen at the residence or if the business is remotely operated.

Does this business involve alcohol or liquor in any way? Yes No

Does this business involve marijuana in any way? Yes No

If the answer to either of these questions is yes, please explain in detail:

Does this business include retail sales and/or lodging services?

Sales tax filing frequency: Monthly (more than \$10,000 in taxable gross sales per month)

City sales tax rate is 3%. Quarterly (less than \$10,000 in taxable gross sales per month)

Annual (no product sales, must submit tax form annually)

Applying as (check one): Corporation Limited Liability Corporation

Partnership Non-Profit – *Proof of non-profit status is required.*

Individual/Sole Proprietor – *Affidavit of Lawful Presence and copy of ID are required for all Sole Proprietorships.*

License mailing contact: _____

Title/position: _____

Mailing address: _____ (check if same as address of premises)

City, state, ZIP: _____

Email: _____ Telephone: _____

*Clerks office will use email to forward licenses and renewals

Sales tax mailing contact: _____

Title/position: _____

Mailing address: _____ (check if same as address of premises)

City, state, ZIP: _____

Email: _____ Telephone: _____

*Clerks office will use email to forward licenses and renewals

Local emergency contact
 (only for businesses within city limits): _____
 Title/position: _____
 Mailing address: _____
(check if same as address of premises)
 City, state, ZIP: _____
 Email: _____ Telephone: _____

*Clerks office will use email to forward licenses and renewals

Briefly describe the nature of the business. Include types of products and services provided.
 (Description will be available to the public.)

Additional license requirements:	
Excavators: <input type="checkbox"/>	You must provide a current \$5000 Excavator's Bond to the City Clerk's office.
Plumbers: <input type="checkbox"/>	You must provide a copy of your Master Plumber's License and a \$5000 bond to the City Clerk's office.
Tree trimmers: <input type="checkbox"/>	You must provide proof of insurance to the City Clerk's office. In addition, you must pass a written test and a practical pruning exam administered by the Parks Department. You will pay the business license fee plus the tree-trimmer license fee annually.
Rafters: <input type="checkbox"/>	You must provide the City Clerk's office an insurance policy naming the City of Durango as additional insured in the minimum amount of \$500,000.
Massage therapists: <input type="checkbox"/>	You must provide a copy of your State of Colorado Massage Therapist registration to the City Clerk's office.
Cross connection control technician: <input type="checkbox"/>	You must provide proof of insurance, current Backflow Prevention Assembly Tester Certificate (ABPA, ASSE, or ABC), and a current Gauge Calibration Certificate to the City Clerk's office. You will pay the business license fee plus the Cross Connection Control Technician license fee annually.
Solicitor's License <input type="checkbox"/>	Must complete the Individual History Record form for a background check and take photo in Clerk's Office for an ID Badge.
<i>It is your responsibility to provide current documents to the City Clerk's office for the life of the license.</i>	

Please complete this section ONLY if the business is physically located within Durango city limits.

Is the business a change of use for this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be any remodeling or building alterations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be installing a new sign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, have you applied for a sign permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business utilize any hazardous, toxic, or flammable materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Oath of Application – Must be completed by all applicants

I declare, under penalty of perjury, that I have examined this application, and that the statements made herein are made in good faith and are, to the best of my knowledge, true, correct, and complete.

Authorized signature: _____ Date: _____

Printed name: _____ Title: _____

Cell phone: _____ Email: _____

Please return this application to:

City Clerk's Office
949 East 2nd Avenue
Durango, CO 81301
970-375-5010
clerk@durangogov.org