

Department of Finance | Treasury Division Wellington Webb Bldg. 201 W Colfax Ave Dept. 403 Denver, CO 80202-5329 Fax: 720-913-9475

www.denvergov.org/treasury

DENVER SALES TAX SPECIAL EVENT APPLICATION / REGISTRATION

OFFICE USE ONLY	Account Number	Show End Date	Tax Revenue Agent	License Fee					
				\$5.00					
	Trade Name/ Vendor Name:								
	Address:								
PLEASE PROVIDE THE FOLLOWING	,								
	City:		State:	Zip:					
	Email:								
	Name of Event Attending:								
	Location of Event:								
	Date(s) of Event:								
	Home Address (if different from mailing):								
	Owner's Name:								
<u>. </u>	Telephone Number: Business:		Home:						
	Do you now or have you ever had an active Denver Retail Sales Tax Account? O YES O NO								
	If yes, Account Number:								
	NATURE OF BUSINESS: (Specify type of product sold or type of services rendered – be specific as to what you do. If no retail sales, please indicate).								
GENER	AL INFORMATION:								
	A tax license assigns you the right and the obligation to collect taxes for the City of Denver. Taxes collected for the City of Denver are monies held in trust by you. It is your responsibility to adequately account for and remit these funds.								
	A TAX RETURN is required to be filed after date, there is a penalty of 15% of the tax am A TAX LICENSE IS NOT a license to do but	ount, or \$25, whichever is greater,							
SALES	TAX:								
	A SALES TAX LICENSE is required if you a The license fee is \$5.00 per special event.			s tax along with any use tax owed.					
I hereby	v certify under perjury, that the statemer	ts made herein are to the best	of my knowledge true, cor	rect and complete.					
Signatu	re of Applicant								
Title			Date						

CITY AND COUNTY OF DENVER - SPECIAL EVENT TAX RETURN

INSTRUCTIONS: A RETURN MUST BE FILED EVEN IF NO TAX IS DUE.

FOR ASSISTANCE: WWW.DENVERGOV.ORG/TREASURY OR 720-913-9446

SECTION A - TAXPAYER INFORMATION:

ALL FIELDS MUST BE COMPLETED

ENTER YOUR COMPLETE INFORMATION INCLUDING THE EVENT NAME AND EVENT ENDING DATE ENTER TRADE NAME OF BUSINESS, OWNER NAME, FULL ADDRESS, AND CONTACT PHONE NUMBERS PROVIDE YOUR DENVER SALES TAX ACCOUNT NUMBER (IF KNOWN) TO EXPEDITE YOUR RETURN PROVIDE YOUR EMAIL ADDRESS FOR CONTACT PURPOSES

SECTION B - CALCULATION OF TAXES DUE:

ROUND ALL AMOUNTS TO THE NEAREST DOLLAR

- LINE 1: ENTER TOTAL RETAIL SALES OTHER THAN TAXABLE FOOD AND BEVERAGES AND MULTIPLY BY 3.65%
- LINE 2: ENTER TAXABLE FOOD AND BEVERAGE SALES AND MULTIPLY BY 4.00%
- LINE 3: ADD LINES 1 AND 2. THIS IS THE TOTAL TAX DUE DO NOT INCLUDE TAXES COLLECTED ON BEHALF OF THE STATE OF COLORADO
- LINE 4: IF THE RETURN IS FILED OR PAID AFTER THE DUE DATE, ENTER 15% OF LINE 3 OR \$25.00, WHICHEVER IS GREATER
- LINE 5: IF THE RETURN IS FILED OR PAID AFTER THE DUE DATE, ENTER 1% OF THE TOTAL OF LINE 3 FOR EACH MONTH OR PARTIAL MONTH RETURN IS LATE
- LINE 6: ADD \$5.00 FOR THE SPECIAL EVENT LICENSE FEE IF YOU HAVE NOT PREVIOUSLY REMITTED THE FEE FOR THIS EVENT. A LICENSE FEE IS REQUIRED FOR EACH SPECIAL EVENT.
- LINE 7: ADD LINES 1 THROUGH 6, AND ENTER TOTAL IN LINE 7, THIS IS THE TOTAL DUE AND PAYABLE.
 INCLUDE CHECK OR MONEY ORDER PAYABLE TO THE MANAGER OF FINANCE. RETURN MUST BE FILED
 WITH PAYMENT BY THE 20TH OF THE MONTH FOLLOWING THE EVENT TO AVOID ADDITIONAL
 PENALTIES AND INTEREST.

SECTION C - SIGN AND DATE YOUR RETURN

SECTION A	TAXPAYER	INFORM	ATION		MEDIA #	0000000000	01		TRA #	
EVENT NAME							EVENT E	ND DATE		
TRADE NAM	IE OF BUSIN	IESS					OWNER N	AME		
ADDRESS					CITY, ST	ATE, ZIP	CON	TACT PHO	NE	
DENVER SA	LES TAX AC	COUNT	IUMBER		EMAIL					
SECTION B	CALCULAT	ION OF T	AXES DUE: CITY AND C	OUNTY OF	DENVER					
1.			S OTHER THAN D BEVERAGE SALES			.0)0 × 3.	65%		.00
2.	TAXABLE F	OOD ANI	BEVERAGE SALES			.0)0 × 4.	00%		.00
3.	TOTAL	TAX D	UE							.00
4.	LATE FILING PENALTY: ADD 15% OF LINE 3, OR \$25.00, WHICHEVER IS GREATER									.00
5.	INTEREST: ADD 1% OF LINE 3 FOR EACH MONTH OR PARTIAL MONTH RETURN IS LATE									.00
6.	LICENSE FEE: ADD \$5.00 IF YOU DID NOT PREVIOUSLY REMIT									.00
7.	TOTAL DUE AND PAYABLE: MAKE CHECK PAYABLE TO THE MANAGER OF FINANCE							ANCE		.00
SECTION C	SIGNATURE	(REQUIRE	0)		TITLE			D	ATE	
	RETURN M	UST BE F	ILED WITH PAYMENT B	Y THE 20TH	OF THE M	ONTH FOLLO	OWING THE	SPECIAL E	EVENT	
			DIEASEMAKE	CHECK DAVA	DI E TO "MA	NACED OF FIN	ANCE"			

Important Information for Special Event Organizers and Vendors

1. The Denver Merchandise Mart located at 451 E 58th Ave #4270 Denver, CO 80216 (contrary to the name and mailing address) is NOT located within the municipal boundaries of the City & County of Denver.

This location actually resides in Adams County. For tax information — please contact the Adams County Sales Tax Department at 303-654-6300.

2. Special Event Vendors will <u>NOT</u> receive an actual paper special event sales tax license. The Tax Compliance Section of the Denver Department of Revenue registers special event vendors on their tax system and assigns an account reporting number. A vendor's cancelled check, for the license fee, is their proof of payment and application.