



**CITY OF PUEBLO**  
 FINANCE DEPARTMENT/SALES TAX DIVISION  
 P.O. BOX 1427, PUEBLO, CO 81002  
 1 CITY HALL PL, PUEBLO, CO 81003  
 PHONE (719) 553-2659 FAX (719) 553-2657  
[WWW.PUEBLO.US](http://WWW.PUEBLO.US) Email: [salestax@pueblo.us](mailto:salestax@pueblo.us)

<b>Office Use Only</b> Account Number <hr/> N U A C N C O C
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- SALES AND USE (\$50.00)     
  USE TAX (\$50.00)     
  EXEMPT (No Fee)  
Government  
 ( Provide support of government status)

OTHER LICENSES REQUIRED \_\_\_\_\_  
 MAKE CHECK OR MONEY ORDER PAYABLE TO THE “**CITY OF PUEBLO**”  
 (A SEPARATE APPLICATION IS REQUIRED FOR EACH BUSINESS LOCATION BY ORDINANCE)

**IMPORTANT: PLEASE ANSWER ALL QUESTIONS COMPLETELY – FAILURE TO DO SO MAY DELAY THE PROCESS. THIS APPLICATION AND YOUR ANSWERS TO THE QUESTIONS ARE SUBJECT TO THE COLORADO OPEN RECORDS ACT, C.R.S. § 24-72-200.1 ET SEQ., (“CORA”) AND MAY BE AVAILABLE FOR PUBLIC DISCLOSURE. IF ANY OF THIS INFORMATION IS CONSIDERED CONFIDENTIAL AND SUBJECT TO A CORA EXCEPTION, PLEASE INDICATE THAT BY WRITING “CONFIDENTIAL” NEXT TO THE ANSWER.**

1. Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Fax Number \_\_\_\_\_

If Corporation, please list corporate name \_\_\_\_\_

2. Business Address \_\_\_\_\_  
Street City State Zip Code

3. Local Representative or Manager: \_\_\_\_\_  
Name – Title Phone Number

**IMPORTANT: THE ANSWERS TO THE REMAINING QUESTIONS ON THIS APPLICATION WILL BE CONSIDERED TRADE SECRETS AND CONFIDENTIAL COMMERCIAL AND FINANCIAL INFORMATION NOT NORMALLY SUBJECT TO PUBLIC DISCLOSURE PURSUANT TO C.R.S. § 24-72-204(3)(a)(IV). IF YOU WOULD LIKE ANY OF THE FOLLOWING INFORMATION TO BE PUBLICLY AVAILABLE, PLEASE INDICATE THAT BY WRITING “NOT CONFIDENTIAL” OR “NC” NEXT TO THE ANSWER.**

Local Representative or Manager: \_\_\_\_\_  
Residence Address

4. Contact Person \_\_\_\_\_  
Name Phone Number

5. E-mail Address \_\_\_\_\_

6. Where do you want tax returns mailed? \_\_\_\_\_  
Name Address City & State Zip

7. Type of Ownership   
 Sole Proprietor\*   
 Partnership   
 Corporation\*   
 LLC\*  
**Required for licensing: Current Driver’s License for Sole Proprietor ONLY, Proof of Corporation LLC, or Partnership to include Certificate of Inc., Articles of Inc. and/or By-Laws and all other documentation.**

Name of all principal owners or officers:  
Name Home Address City, State & Zip Date of Birth Home Phone Title

- A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED ON BACK**

If corporation outside the State of Colorado, list registered agent in Colorado, address and phone number:

\_\_\_\_\_

8. Name of business bank \_\_\_\_\_

9. Specify nature of business \_\_\_\_\_

10. List other City of Pueblo licenses held \_\_\_\_\_

11. Landlord of business address \_\_\_\_\_  
Name Address Phone Number

12. Accountant or Bookkeeper \_\_\_\_\_  
Name Address Phone Number

13. Location of Records:  Mailing Address  Business Address  
 Other (please specify) \_\_\_\_\_

14. Date business began in Pueblo \_\_\_\_\_ Date of Change (i.e. address, name) \_\_\_\_\_

15. If business purchased, please list date of purchase and former owner \_\_\_\_\_  
\_\_\_\_\_

16. Did you purchase any business furniture, equipment or supplies from previous owner, from other individuals or vendors located outside the City of Pueblo, which you did not pay City of Pueblo sales tax? \_\_\_\_\_

- A. If yes, use tax is due to the City of Pueblo within ten (10) days. Use Tax Return given \_\_\_\_\_
- B. If leasing, the equipment use tax is due on the monthly tax.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and that I have read and understand the City of Pueblo ordinances pertaining to the operation of my business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title & Date

**\*\*\*ADDENDUM\*\*\***

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN THEM WITH YOUR APPLICATION. YOUR STATUS AS A MARIJUANA BUSINESS, LIQUOR RETAILER, OR TOBACCO PRODUCT RETAILER WILL BE PUBLICLY AVAILABLE AND SUBJECT TO DISCLOSURE UNDER CORA.**

**Will this business be involved in MEDICAL MARIJUANA consumption, dispensary, cultivation, or other associated use?**

Yes No

**Will this business be involved in RETAIL MARIJUANA consumption, dispensary, cultivation, or other associated use?**

Yes No

**Will this business be involved in LIQUOR sales?**

Yes No

**Do you plan to sell any TOBACCO products?** Tobacco product includes: (1) Any product that contains tobacco or nicotine or is made or derived from tobacco that is intended for human consumption or is likely to be consumed, ingested, smoked, inhaled, placed in oral or nasal cavities, or applied to the skin of an individual, including but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, or snus; or (2) Any device that can be used to deliver nicotine or tobacco to the person using the device, including but not limited to an electronic cigarette, cigar, cigarillo or pipe; or (3) Any component, part, accessory or associated tobacco paraphernalia of a tobacco product whether sold separately or not. However, the term tobacco product does not include: (A) Any product specifically approved by the United States Food and Drug Administration for use in reducing, treating or eliminating nicotine or tobacco dependence, or for other medical purposes, when such product is being marketed and sold solely for such an approved purpose; or (B) Any product that contains marijuana.

- I AM CURRENTLY SELLING** TOBACCO PRODUCTS AS DESCRIBED ABOVE
- I DO PLAN** TO SELL TOBACCO PRODUCTS AS DESCRIBED ABOVE
- I DO NOT PLAN** ON SELLING TOBACCO PRODUCTS AS DESCRIBED ABOVE

IF YOU WOULD LIKE MORE INFORMATION OR IF YOU WOULD LIKE TO OBTAIN A TOBACCO PRODUCT RETAILER LICENSE, PLEASE CONTACT THE CITY CLERK'S OFFICE @ 719-553-2669. THANK YOU.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and that I have read and understand the City of Pueblo ordinances pertaining to the operation of my business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title & Date