



DO NOT SEND

DR 0594 (04/21/16)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0013

Renewal Application for Sales Tax License Instructions

General Instructions

Use this form to renew your existing sales tax license(s) for each physical location (site).

The fee for a two-year period is \$16 for each physical location.

Do not use this form to add physical locations. Apply for additional physical locations using the Colorado Sales Tax Withholding Account Application, CR 0100.

Do not use this form to add non-physical locations. Apply for non-physical locations by submitting an email request to: dor_multilocations@state.co.us. Include the existing account number, city name, county, and location jurisdiction code from Form DR 0800. No fee is required for non-physical locations in which you do not have a business location but have a requirement to collect the local tax. These businesses are mainly telecommunications, public utilities, leasing companies, caterers and mobile vendors.

Anyone who sells at retail in Colorado without obtaining a sales tax license commits a class 3 misdemeanor and may also be subject to a civil penalty of \$50 per day to a maximum penalty of \$1,000.

For additional Sales Tax Licensing information, refer to FYI Sales 9.

Specific Instructions

Renewal Application License Period Enter the renewal application license period as (MM/YY)-(MM/YY). For the 2016-2017 licensing period, enter (01/16)-(12/17).

Sales Tax License Number Enter your sales tax license number. Use this account number for all sales tax references.

Total Fee(s) Owed Enter the total of fees owed for all physical locations.

Enter the address and license number for each physical location (site) being renewed.

Payment Information

Include the account number on your check to ensure proper credit.

Sign and date the application and mail it with your payment to:

**Colorado Department of Revenue
Denver, CO 80261-0013**

Retain a copy of this application for your records.



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Renewal Application for Sales Tax License

Date Received		Renewal Application License Period (MMYY-MMYY)			
Last Name		First Name		Middle Initial	
Address		City	State	Zip	
☐ Check If all business(es) sell cigarettes or tobacco products over the counter or by vending machine on their premises.					
Liability Information (Refer to Sales Tax License for Liability Information)					
County / City / Industry			Activity		
Type	Sales Tax License Number		Year Due	Notice Date	
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.				Total Fee(s) Owed	
				\$.00	
Address		City		State	Zip
License Number		Liability—Source Trans		Fee	
Address		City		State	Zip
License Number		Liability—Source Trans		Fee	
Address		City		State	Zip
License Number		Liability—Source Trans		Fee	
Address		City		State	Zip
License Number		Liability—Source Trans		Fee	
Address		City		State	Zip
License Number		Liability—Source Trans		Fee	
Address		City		State	Zip
License Number		Liability—Source Trans		Fee	
Signature of Applicant		Title		Date	



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Name		Account number	
Address	City	State	Zip
License Number	Liability—Source Trans		Fee
Address	City	State	Zip
License Number	Liability—Source Trans		Fee
Address	City	State	Zip
License Number	Liability—Source Trans		Fee
Address	City	State	Zip
License Number	Liability—Source Trans		Fee
Address	City	State	Zip
License Number	Liability—Source Trans		Fee
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License Number	Liability—Source Trans		Fee
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Address	City	State	Zip
License Number	Liability—Source Trans		Fee
Signature of Applicant	Title	Date	

