



APPLICATION FOR TRANSIENT SALES PERMIT

Date: _____

Colorado Sales Tax #: _____ Federal Tax ID #: _____

Name of Applicant: _____

Name of Business: _____

Home Address: _____

Mailing Address: _____

Description of the nature of the business and goods being sold: _____

Location(s) and/or location of sale: _____

Sales Representatives:

1. Name: _____ Telephone #: _____

Driver's License/ID #: _____ DOB: _____

Home Address: _____

Vehicle Information:

Make: _____ Model: _____ Color: _____ Plate: _____

2. Name: _____ Telephone #: _____

323 Pueblo Ave ~ PO Box 237
Simla, CO 80835
719-541-2468
www.townofsimla.com

Driver's License/ID #: _____ DOB: _____

Home Address: _____

Vehicle Information:

Make: _____ Model: _____ Color: _____ Plate: _____

3. Name: _____ Telephone #: _____

Driver's License/ID #: _____ DOB: _____

Home Address: _____

Vehicle Information:

Make: _____ Model: _____ Color: _____ Plate: _____

****LIST ADDITIONAL SALES REPRESENTATIVES AND INFORMATION
ON BOTTOM PORTION OF THIS APPLICATION****

Select Type of Permit Applicant intends to be doing business under:

- One Day - \$10.00**
- Seasonal (3 months or less) - \$30.00**
- Year - \$50.00**

Signature of Applicant: _____

FOR OFFICE USE ONLY

I.D # _____ Type: _____ DOB: _____

Permit #: _____ Total Due\$ _____ Payment Method: _____

Issued by: _____
