SALES TAX REBATE APPLICATION

RESTAURANTS, OTHER EATING PLACES, ALCOHOLIC BEVERAGE DRINKING, AND MOBILE FOOD SERVICES INDUSTRIES

Business Name _____ Date _____

Business Address _____ _____ _____ _____
(street address) (city) (state) (zip)

Mailing Address _____ _____ _____ _____
(street address) (city) (state) (zip)

Contact Name _____ Phone _____

Email _____

Account Number _____ _____
Colorado Dept of Revenue Sales Tax Account No. Colorado Springs Sales Tax License No. (if applicable)

Businesses with Multiple Locations - Please list the 5 locations you would like considered for this program

Physical Location Addresses	**State Sales Tax Account No.**

In order to be eligible for the sales tax relief program, your business must be current and in compliance with sales tax remittances with the Colorado Department of Revenue and the City of Colorado Springs (if applicable). In addition, your business must have incurred a 5% decrease in revenue due to capacity restrictions due to COVID-19, measured from 3rd quarter 2019 compared to 3rd quarter 2020.

_____ Initial here to certify your business revenue decreased 5% or more for the 3rd quarter 2020 compared to 3rd quarter 2019.

_____ Initial here to certify your business is current and in compliance with sales tax requirements.

Under penalties of perjury, I declare that I have examined this application and all information that I have provided on this application, and to the best of my knowledge and belief, they are true, correct, and complete. By signing and submitting this application, you authorize El Paso County to share your information with any participating municipalities for their sales tax rebate programs, if the municipality is participating. Participation from any municipality is subject to approval by the municipality. Additionally, you certify that you understand that the payment to your business is public record and will be published, which could allow others to extrapolate total sales data for your business.

_____ _____
(signature of authorized official) (date)

_____
(print name)

Email completed applications to SalesTaxRebate@elpasoco.com. Must include a completed W-9 (available here) and a copy of your most recent State sales tax remittance.