

MINTURN LODGING TAX FORM

1. GENERAL INFORMATION

Owner Name _____ Home Phone # _____

Mailing Address _____ Work Phone # _____

City _____ State _____ Zip _____

2. PROPERTY INFORMATION

Street Address _____ Date Purchased (mm/yy) _____

Complex Name _____ Unit Number _____

Type of Property: (mark one)

Single Family ____ Condominium ____ Townhome ____ Other (specify) _____

3. RENTAL STATUS

____ Short-Term Rental Unit (rented on a nightly basis for a period of less than 30 consecutive days)

____ Long-Term Rental Unit (leased for a period of more than 30 consecutive days)

____ Personal Use Only (please specify)

Primary Residence ____ Vacation Home ____ Other (specify) _____

4. PROPERTY MANAGEMENT INFORMATION (short-term rental units only)

Will you be using a rental or property management company? Yes ____ No ____

If 'Yes', please complete the following:

Name and address of the management company _____

Phone Number _____ Contact Person _____

If 'No' it will be necessary for you to collect and remit the lodging tax to the Town of Minturn and the sales tax to the Colorado Department of Revenue.

5. SIGNATURE

I declare that the statements made in this application are true and complete to the best of my knowledge.

Signed _____ Date ____/____/____

Please complete, sign and return this form by mail within 10 days to:

Town of Minturn

PO Box 309

Minturn, Colorado 81645

Or by fax to (970) 827-5545

FOR OFFICE USE ONLY

Business License: Yes ____ No ____ N/A ____ Business License # _____

State Sales Tax License: Yes ____ No ____ N/A ____ State Sales Tax # _____