

MINTURN LODGING TAX FORM

1. GENERAL INFORMATION

Owner Name _____ Home Phone # _____

Mailing Address _____ Cell 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 email to: events@minturn.org

FOR OFFICE USE ONLY

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

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