



Special Event Application, Instructions & Sales Tax Return

THIS RETURN MUST BE FILED EVEN IF YOU HAD NO SALES!

Application section: Your Name, Business Name, Street Address, City, State, Zip Code, Name & Date of Farmers Market, Location of Farmers Market, What products do you sell?, What services do you provide?, Will you be filing under a different sales tax account?, If yes, what is your City of Arvada license number?

Instructions and Return section: Line 1 - Gross Sales, Line 2 - Amount of City Sales Tax, Taxes are due to the City of Arvada each Wednesday post Market Sunday, I declare, under penalty of perjury, that this application and return has been examined by me and the statements made herein are made in good faith pursuant to the City of Arvada tax laws and regulations and to the best of my knowledge and belief, are true, correct and complete. Signature, Date
Office Use Only section: Volunteer Market Manager Kimberly Mudd, HOTA 303-420-6100, Event Account Number 6002400, Log Date