



FINANCE DEPARTMENT  
P.O. BOX 1427  
PUEBLO, CO 81002

SALES TAX DIVISION  
(719) 553-2659  
FAX (719) 553-2657

## APPLICATION FOR EXEMPT LICENSE

### INSTRUCTIONS:

This form must be filled out completely and returned to the Sales and Use Tax Division of the Department of Finance before any request for exemption from Pueblo Sales and Use Tax can be considered. If you are unable to fit your responses in the spaces provided, please use the back side of the sheet containing the question or attach additional paper. Please note that depending on the Responses provided, further information may be requested.

In addition, the following information must be submitted with the application:

- a. Complete Articles of Incorporation (including amendments and name changes).
- b. Current and one prior year's financial statements that must reflect detailed sources of income and expenditures.
- c. Copy of IRS 501(c)(3) Determination Letter.
- d. A list of the types of items the organization would be purchasing using this exemption.

### ORGANIZATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Contact person's signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Web Site Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Pueblo Sales/Use Tax # \_\_\_\_\_

**REQUIRED RESPONSES:**

1. Please identify those activities in which the organization exclusively ministers to the spiritual, physical or mental needs of persons (herein the "Services").
2. Are these services provided free? If not, please answer the following:
  - (a) What are the pricing and fee structures for the services provided? Please attach recent advertisements or current brochures, if any, with respect to such services.
  - (b) What provisions are made to assist those who are financially unable to pay the fees or payments, and what percentages of Services are provided to those who are financially unable to pay the fees?
  - (c) What conditions or requirements, if any, must an individual satisfy to receive the services?
  - (d) Identify the salaries of the five highest paid employees or directors of the organization. Please list them by position, salary amounts, and job duties.
3. What are the organization's primary sources of funds and approximate percentages from each? (e.g. dues, contributions, grants, fees or payments from Services, etc.)
4. Estimated annual savings from City of Pueblo sales and use taxes. (Total value of taxable purchases \$\_\_\_\_\_ multiplied by 3.70% equals \$\_\_\_\_\_ estimated tax savings.)
5. How do the services lessen the burden of government? (If you are a religious organization, you need not answer this question.)
6. Are the services provided within the City of Pueblo or for the benefit of the residents of the City of Pueblo? If yes, please identify where within the City of Pueblo the services are provided and/or how the residents of the City of Pueblo are benefitted.
7. Are there any limitations with respect to who is eligible to receive the services? If yes, for each service provided, please identify all limitations.

**SIGNATURES MUST BE OBTAINED FROM THE FOLLOWING DEPARTMENTS BEFORE ISSUANCE OF A LICENSE:**

*(If business is located outside the city limits of Pueblo, signatures not required.)*

**\*FIRST STEP: PLANNING AND COMMUNITY DEVELOPMENT**

**PLANNING & COMMUNITY DEVELOPMENT**  
211 E "D" STREET  
PUEBLO, CO 81003

\_\_\_\_\_  
**Zone**

*MONDAY & FRIDAY (8:00-12:00)*  
*OR WEDNESDAY (1:00-5:00)*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*YOU MUST OBTAIN APPROVAL FROM PLANNING & COMMUNITY DEVELOPMENT BEFORE CONTACTING OTHER DEPARTMENTS.**

**FIRE DEPARTMENT\***  
1551 BONFORTE BLVD  
PUEBLO, CO 81001  
(719) 553-2830  
(Pay applicable fee)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*(You must contact the Fire Department at number listed to schedule the inspection)**