



**ADAMS COUNTY**  
COLORADO

**Finance Department**  
4430 South Adams County Parkway, Brighton, CO 80601  
PHONE 720.523.6050 FAX 720.523.6058

## BUSINESS REGISTRATION FOR MARIJUANA SALES

In order to ensure legibility, please complete the form below using a PDF reader. Incomplete registrations will be returned.

PART A – Registration Information	1.) Legal/True Name of Business (Last, First if individual.)			COUNTY USE ONLY	
	2.) Trade Name (DBA) of Business (if any up to 30 characters)			ACCT	AREA
	3.) Federal Employer ID	4.) CO Sales Tax Acct.	5.) Parcel/Unit	OTHER	
	6.) Reason for Filing (Check only one.) <input type="checkbox"/> New Registration (Including registration of new location.) <input type="checkbox"/> Update for Account: _____ <input type="checkbox"/> Business Purchased or Merged <input type="checkbox"/> Change in Legal Form			7.) Legal Form (Check only one.) <input type="checkbox"/> Individual/Sole Proprietor (81) (Verification of Lawful Presence is required.) <input type="checkbox"/> Corporation (Including PC) (83) <input type="checkbox"/> Limited Liability Company (LLC) (84) <input type="checkbox"/> Partnership (General or Limited) (82) <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) (89) <input type="checkbox"/> Other Entity Type (80): _____	
PART B – Address and Contact Information	LOCATION INFORMATION				
	8.) Location Manager Name			9.) Location Phone Number	
	10.) Location Street Address with Suite Number (No P.O. Boxes.)				
	11.) City		12.) State		13.) Zip
	BUSINESS REGISTRATION INFORMATION				
	14.) Send Business Registration Correspondence Care of:			15.) Phone Number	16.) Fax Number
	17.) <input type="checkbox"/> Check here if the Registration address is the same as the Location Address				
	18.) Mailing Address for Business Registration Correspondence				
19.) City		20.) State		21.) Zip Code	

This form has two (2) pages. Both pages must be completed; incomplete registrations will be returned.

Legal/True Name of Business (From Part A, Line 1)
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TAX COMPLIANCE INFORMATION								
22.) Send <b>Tax</b> Correspondence Care of:			23.) <b>Tax</b> Phone Number		24.) <b>Tax</b> Fax Number			
25.) Mailing Address for <b>Tax</b> Forms, Notices, and Correspondence								
26.) City			27.) State			28.) Zip		
29.) Check one of the following if the tax address is: <input type="checkbox"/> Same as Location Address (Line 10 – 13 above.) <input type="checkbox"/> Same as Registration Address (Line 18 – 21 above.)				30.) Check one of the following if the records address is: <input type="checkbox"/> Same as Location Address (Line 10 – 13 above.) <input type="checkbox"/> Same as Registration Address (Line 18 – 21 above.) <input type="checkbox"/> Same as Tax Address (Line 25 – 28 above.)				
31.) Address where tax records may be inspected. (No P.O. Boxes.)								
32.) City			33.) State			34.) Zip		
PART C – Officers	35.) Name of principal officer, owner, partner, member, or manager.				36.) Title			
	37.) Address of principal residence.				38.) City	39.) State	40.) Zip	
	41.) Name of principal officer, owner, partner, member, or manager.				42.) Title			
	43.) Address of principal residence.				44.) City	45.) State	46.) Zip	
<b>Additional officers, owners, partners, members, or managers may be included on attachments.</b>								
PART D – Business Inception & Operations	47.) Legal Name of Prior Registrant (if purchased or merged).			48.) Prior FEIN (if available)		49.) Purchase/Merge Date		
	50.) Start Date							
	51.) Hours of Operation							
	From	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	To							
52.) Internet Address <b>http://</b>								

**Signature of Registrant or Authorized Agent**

Under penalties of perjury, I declare that I have examined this Business Registration For Marijuana Sales and it is true and correct to the best of my knowledge and belief.

Signature	Date
Printed Name	Title