



## Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name		First Name		Middle Initial
Address				
City		State	ZIP	
<b>I Certify That</b>				
Name of Firm (Buyer)				
County of Grand				
Address				
308 Byers Ave				
City		State	ZIP	
Hot Sulphur Springs		CO	80451	
<b>Qualifies As (Check each applicable item)</b>				
<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Retailer		<input type="checkbox"/> Manufacturer
<input checked="" type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		
		<input type="checkbox"/> Other (Specify)		
If Other, specify here				
<p>1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> or</p> <p>2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:</p>				
<input checked="" type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		<input type="checkbox"/> Otherwise Exempt By Statute (Specify)
If Otherwise Exempt By Statute, specify here				
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
Colorado	98-03730-0000			
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
<p><b>If the list of states and cities is more than six(6), attach a list to this certificate.</b></p> <p>I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.</p>				
General Description of products to be purchased from seller merchandise used in our governmental activities				
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.				
Authorized Signature ( <i>owner, Partner or Corporate Officer</i> )		Title	Date (MM/DD/YY)	
		Chairman, Board of Commissioners	11/04/19	