



**Garden
Spot of
Colorado**

Short-term Rental Application for Lodging Tax License

Information on this application is public record.

807 Mountain Avenue | PO Box 1229 | Berthoud, CO 80513 | O: 970.532.2643 | F: 970.532.0640 | Berthoud.org

Short-term Rental Ownership *(if more than two owners, list them on a separate sheet)*

Name: _____ Date of Birth: _____

Business Name *(if applicable)*: _____

Phone: _____ Email: _____

Home Address: _____

Mailing Address *(if different from above)*: _____

Name: _____ Date of Birth: _____

Business Name *(if applicable)*: _____

Phone: _____ Email: _____

Home Address: _____

Mailing Address *(if different from above)*: _____

Date the Short-term Rental Began Operation: _____

Reporting Frequency: Monthly _____ Quarterly _____
Quarterly Filing is allowed if the tax collected is under \$50,000 per month.

Filing Preference *(if you have two short-term rentals)*: Each Location _____ Consolidated _____

Person to Contact Regarding Tax Return

Name: _____ Phone: _____

I declare under penalty of perjury that the statements made in this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

For Office Use Only

Account Number: _____ Reporting Freq: _____ Audit Freq: _____

STR Business License # _____ Approval Date: _____ Staff Name: _____



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Short-term Rental Lodging Tax Return

General Instructions

Who Must File

Pursuant to Ordinance No 1218, lodging owners or their management companies who rent rooms and accommodations for less than 30 days, must collect and remit the Town of Berthoud lodging tax. Lodging tax applies to short-term temporary accommodation of less than 30 consecutive days.

When to File

Returns are filed on a quarterly basis and must be postmarked by the 20th day of the month, following each reporting period. A return must be filed even if no tax is due.

Filing an Amended Return

If you are filing an amended return, check the amended return box. A separate amended return must be filed for each period. The amended return must show all lines as corrected, not merely the differences. The amended return replaces the original in its entirety.

Payment Information

Sign and date the return and mail it with your payment to:

**TOWN OF BERTHOUD
Attn: Cindy Leach
P.O. BOX 1229
BERTHOUD, CO 80513**