



Revenue Office – Finance
8101 Ralston Road
Arvada, CO 80002

720-898-7100
Fax 720-898-7110

Special Event Return

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Event _____

Date of Event _____ Phone Number _____

Business Name _____

Street Address _____

City _____ State _____ ZIP _____

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Gross Sales

Record the total dollar amount you sold. \$ _____
This amount should not include sales tax.

Amount of City Sales Tax Owed

Multiply the Gross Sales times 3.46%
Make your check payable to City of Arvada \$ _____

I hereby certify under penalty of perjury, that statements made herein are to the best of my knowledge, true and correct.

Signature Date

Taxes are due to the City of Arvada within 30 days after the event

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Event Contact _____

Contact Email _____

Contact Phone _____

Account Number _____