

**CLAIM FOR EXEMPTION FROM DENVER SALES, USE OR LODGER'S TAX
FOR USE BY HOTELS, MOTELS AND RESTAURANTS
FOR THE FOLLOWING DESCRIBED EVENT:**

Organizations Name: _____

Date of Event: _____ **Phone:** _____

Authorized Representative: _____ **Title:** _____

Description on Event: _____

Basis of Exemption: Religious _____ Charitable _____ Governmental _____

**DO NOT HAVE CUSTOMER COMPLETE THIS FORM IF EVENT IS A FUND RAISER. NO EXEMPTION
IS ALLOWED FOR FUND RAISING EVENTS.**

Indicate if all of the following are TRUE for this event:

True False

_____ _____ The purchase is included under and is part of the regular religious or charitable functions and activities of the organization, or is purchased in a governmental capacity.

_____ _____ The transaction is billed directly to the organization and payment is made directly from the organization funds. (Purchases of food or lodging by individuals do not qualify for the exemption even though the individual may be reimbursed by the organization or government.)

_____ _____ The participants at the event have not and will not reimburse the organization in any way for any portion of the event such as by purchase of a ticket, payment of a registration fee, or by making a contribution towards the cost of participation. This statement must be marked "False" if event is a Fundraiser.

The Exemption does not apply to food, beverage, or lodging where the recipient of the food, beverage or lodging reimburses the organization in any way such as by purchase of a ticket, payment of a fee, or making a contribution toward the cost of participation.

ALL OF THE ABOVE MUST BE TRUE FOR THE PURCHASE TO QUALIFY FOR EXEMPTION

The undersigned declares and affirms that the above statements are true and accepts liability for the tax should the transaction not qualify for exemption.

Name: _____ Title: _____ Date: _____

FOR HOTEL/MOTEL/RESTAURANT USE TO VERIFY EXEMPTION:

DENVER TREASURY DIVISION – TAX COMPLIANCE, AUDIT UNIT, CITY OF DENVER –720-865-7211

DENVER CITY TAX EXEMPT STATUS VERIFIED BY: _____ YES _____ NO _____

Hotel Employee Date: _____

NAME OF PERSON AT CITY: _____

IMPORTANT: This form does not relieve the vendor of its obligation to verify that all conditions for the exemption have been met. All exempt transactions are subject to audit, and the vendor may be held responsible for the transactions exempted in error.

TPS 008 (1/94)