



OUTDOOR VENDOR LICENSE APPLICATION INSTRUCTIONS

GENERAL INFORMATION:

- Application packets with missing information/documentation will not be processed.
- Include:
 - Address of the physical location of the business
 - Mailing address where business licenses/renewals should be sent
 - Mailing address where sales tax information should be sent
- Email addresses are required.
- NAICS Codes may be obtained at <https://www.naics.com/>.
- The number of full time and part time employees is required.
- Reporting frequency and estimated sales/use tax liability is required.
 - The City of Greeley follows the State of Colorado's filing frequency found here:
 - <https://tax.colorado.gov/sales-tax-filing-information>
- Must provide description of vehicle, pushcart, kiosk, or other structures used in the operation.
- Must provide any vehicle license or registration information (if applicable).
- All locations where business will be conducted on private property, written permission from the owners of the property, and plan drawing for each location on private property.

ADDITIONAL FORMS:

- Home Occupation Permit Application – This form is required to obtain a permit for home-based businesses.
 - **NOTE:** Businesses with commercial locations should not complete this form.
- Mobile Retail Food Truck, Trailer or Cart Registration

ADDITIONAL DOCUMENTATION:

- Proof of Colorado Department of Revenue Sales & Use Tax License.
- Proof of liability insurance (see current [fee directory for required liability insurance rates](#)).
- Plan drawings for each location on private property (if applicable).
- Written permission from property owners for locations on private property (if applicable).
- Copy of Weld County Retail Food License (current health permits from other counties are acceptable) - *food vendors only*.
- Copy of Mobile Food Unit (MFU) fire inspection for individuals or businesses using them in Weld County (call 970-350-9510 to schedule an appointment) - *Passing inspections from other city fire authorities are acceptable.*

ADDITIONAL INFORMATION

- How to Start a Business in Greeley
 - <https://greeleyco.gov/Business/Business-Operations/How-to-Start-a-Business-in-Greeley>
- Sales Tax Information
 - <https://greeleyco.gov/Business/Business-Operations/Sales-Tax>



Business & Outdoor Vendor Application

Finance Department
1100 10th St.
Greeley, CO 80631

(970) 350-9733
FAX (970) 350-9736
greeleysalestax@greeleygov.com
www.greeleygov.com

In order to ensure processing, please fill in fields in legible print. Incomplete applications will not be processed.

Business Name & Type of Entity		FOR CITY USE ONLY	
		ACCT #	SQ. FT.
PART A - Business Information	1) Legal/True Name of Business (Last, First if Individual). Repeat on Page 2 & 3	PROP ID	GEO
	2) Trade Name/Doing Business As (DBA) of Business		
3) Reason for Filing (check only one)	5) Type of Ownership (check only one):		
<input type="checkbox"/> New Business (Including new location) <input type="checkbox"/> Update Information for Account: _____ <input type="checkbox"/> Business Purchased or Merged <input type="checkbox"/> Renewal	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation (Including PC) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership (General or Limited) <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP)		
4) Location/Account Type (check only one):	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____		
<input type="checkbox"/> Commercial (Including retail, office, and industrial locations) <input type="checkbox"/> Home Occupation (<u>Home Occupancy Permit Form</u> required) <input type="checkbox"/> Out of City Location(s)			
Location Information			
6) Location Manager Name		7) Location Phone Number	8) Location Fax Number
9) Location Street Address with Suite Number (No PO Boxes)			
10) City	11) State	12) Zip Code	13) Location Manager E-mail Address
Business Licensing Mailing Information (This is where your Business License and Certificate of Occupancy will be mailed)			
14) Send Business Licensing Correspondence Care Of		15) Licensing Phone Number	16) Licensing Fax Number
17) Check the following if the licensing address is:		18) Mailing Address for Business Licensing Correspondence	
<input type="checkbox"/> Same as Location Address (lines 9 - 13 above)		19) City	20) State 21) Zip Code
Tax Mailing Information (This is where your tax booklet and any tax information will be mailed)			
22) Send Tax Correspondence Care Of		23) Tax Phone Number	24) Tax Fax Number
25) Check one of the following if the tax address is:		26) Mailing Address for Tax Forms, Notices, and Correspondence	
<input type="checkbox"/> Same as Location Address (lines 9 - 13 above) <input type="checkbox"/> Same as Licensing Address (lines 18 - 21 above)		27) City	28) State 29) Zip Code
30) Check one of the following if the records address is:		31) Address where Tax Records may be Inspected (No PO Boxes)	
<input type="checkbox"/> Same as Location Address (lines 9 - 13 above) <input type="checkbox"/> Same as Licensing Address (lines 18 - 21 above) <input type="checkbox"/> Same as Tax Address (lines 26 - 29 above)		32) City	33) State 34) Zip Code
Tax Contact E-mail Address			
Primary E-mail Address:		Alternate E-mail Address:	


This form has 3 pages. All pages must be completed. Incomplete applications will not be processed.

35) Legal/True Name of Business (From Part A, Line 1)

PART C - Owners/Officers	36) Name of principal officer, owner, partner, member, or manager		37) Title		
	38) Address of principal residence		39) City		40) State 41) Zip Code
	42) Name of other officer, owner, partner, member, or manager		43) Title		
	44) Address of principal residence		45) City		46) State 47) Zip Code

Additional officers, owners, partners, members, or managers may be included on attachments.

PART D - Business Inception & Operations	48) Legal Name of Prior Business (if purchased or merged)				49) Purchase/Merge Date			
	50) Date Started or Date Business Will Open							
	51) Hours of Operation (local businesses only)							
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	From							
	To							
52) Website Address http://			53) NAICS Code:		Number of Employees at this Location			
					54) FT 55) PT			
56) Primary Business Type (check only one)								
<input type="checkbox"/> Manufacturing or Processing		<input type="checkbox"/> Agriculture		<input type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Transportation, Warehousing		
<input type="checkbox"/> Professional or Service		<input type="checkbox"/> Construction		<input type="checkbox"/> Utilities		<input type="checkbox"/> Real Estate, Rental & Leasing		
<input type="checkbox"/> Accommodation, Food Services		<input type="checkbox"/> Health Care		<input type="checkbox"/> Information		<input type="checkbox"/> Other:		
57) Description of Goods Sold or Services Provided				58) Check this box if you intend to sell liquor.		59) State Child Care License Number		
60) Requested Reporting Frequency								
Monthly Quarterly Annually Occasional Filer				Estimated Annual Sales/Use Tax Liability: _____				
Every business must file at least annually, even if no tax is due. All businesses, including those that do not make taxable sales, will likely have a use tax liability.								

Signature of Applicant or Authorized Agent	I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are, to the best of my knowledge and beliefs, are true, correct and complete.	
		
	Signature	Date
	Printed Name	Title

PART E - Outdoor Vendor Information	Outdoor Vendor License Application	
	1) Business Type (check all that apply):	2) Application Type (check one):
	<ul style="list-style-type: none"> <input type="checkbox"/> Construction Mobile Food Vendor <input type="checkbox"/> Mobile Food Truck <input type="checkbox"/> Neighborhood Mobile Food Vendor <input type="checkbox"/> Outdoor Vendor of Miscellaneous Goods & Services <input type="checkbox"/> Outdoor Vendor of Transportation Services <input type="checkbox"/> Pushcart <input type="checkbox"/> Other (describe below): 	<ul style="list-style-type: none"> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Information Change
3) Description:		

4) Legal/True Name of Business (From Part A, Line 1)

PART F - Description	5) Description of the design of any vehicle, pushcart, kiosk, table, chair, stand, box, container or other structure or display device to be used in the operation by the applicant, including the size and color, together with any logo, printing or sign which will be utilized by the applicant
	6) Vehicle License Plate and Registration Information

PART G - Location Information	Private Property Location(s)					
	7a) Street Address with Suite Number (No PO Boxes)			7b) Street Address with Suite Number (No PO Boxes)		
	8a) City	9a) State	10a) Zip Code	8b) City	9b) State	10b) Zip Code
	7c) Street Address with Suite Number (No PO Boxes)			7d) Street Address with Suite Number (No PO Boxes)		
	8c) City	9c) State	10c) Zip Code	8d) City	9d) State	10d) Zip Code

PART H - Outdoor Vendor Checklist	<ul style="list-style-type: none"> Application Fee Proof of Liability Insurance Plan drawing of each location on private property Weld County Retail Food License Documentation of Colorado Department of Revenue Sales & Use Tax License Completed Outdoor Vendor Application Completed Business Application Home Occupation Form (If applicable) Mobile Retail Food Truck, Trailer or Cart Registration Form
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Signature of Applicant or Authorized Agent	By signing below, I declare all documentation has been turned in for the occupational license of Outdoor Vendor.	
	_____ Signature	_____ Date
	_____ Printed Name	_____ Title