



**Business License Application**  
 Finance Department  
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 Greeley, CO 80631

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

<b>PART A - Business Information</b>	<b>Business Name &amp; Type of Entity</b>		<b>FOR CITY USE ONLY</b>	
	1) Legal/True Name of Business (Last, First if Individual). Repeat on Page 2		ACCT #	SQ. FT.
	2) Trade Name/Doing Business As (DBA) of Business		PROP ID	GEO
	3) Reason for Filing (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		5) Type of Ownership (check only one): <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) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type:	
	4) Location/Account Type (check only one): <input type="checkbox"/> Commercial (Including retail, office, and industrial locations) <input type="checkbox"/> Home Occupation ( <b>Home Occupancy Permit Form required</b> ) <input type="checkbox"/> Out of City Location(s)			
<b>PART B - Address &amp; Contact Information</b>	<b>Location Information</b>			
	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
	<b>Business Licensing Mailing Information</b> (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: <input type="checkbox"/> Same as Location Address (lines 9 - 13 above)		18) Mailing Address for Business Licensing Correspondence	
	19) City		20) State	21) Zip Code
	<b>Tax Mailing Information</b> (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: <input type="checkbox"/> Same as Location Address (lines 9 - 13 above) <input type="checkbox"/> Same as Licensing Address (lines 18 - 21 above)		26) Mailing Address for Tax Forms, Notices, and Correspondence	
			27) City	28) State
			29) Zip Code	
	30) Check one of the following if the records address is: <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)		31) Address where Tax Records may be Inspected (No PO Boxes)	
			32) City	33) State
		34) Zip Code		
Tax Contact E-mail Address Primary E-mail Address:			Alternate E-mail Address:	
<b>This form has 2 pages. Both pages must be completed. Incomplete applications will not be processed.</b>				

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.							
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
From:							
To:							
52) Website Address				53) NAICS Code:		Number of Employees at this Location	
						54) FT	55) PT
56) Primary Business Type (check only one) <input type="checkbox"/> Retail Trade <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Transportation, Warehousing <input type="checkbox"/> Manufacturing or Processing <input type="checkbox"/> Agriculture <input type="checkbox"/> Utilities <input type="checkbox"/> Real Estate, Rental & Leasing <input type="checkbox"/> Professional or Service <input type="checkbox"/> Construction <input type="checkbox"/> Information <input type="checkbox"/> Natural Medicine <input type="checkbox"/> Accommodation, Food Services <input type="checkbox"/> Health Care <input type="checkbox"/> Other:							
57) Check this box <input type="checkbox"/> if you intend to sell liquor.				58) Description of Goods Sold or Services Provided			59) State Child Care License Number
60) Requested Reporting Frequency							
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Occasional Filer Estimated Annual Sales/Use Tax Liability:							
<b>Every business must file at least annually, even if no tax is due.</b> <b>All businesses, including those that do not make taxable sales, will likely have a use tax liability.</b>							
Business Application							
<input type="checkbox"/> Completed Sewer Questionnaire (for commercial locations). <input type="checkbox"/> Home Occupation Permit Application (if needed). <input type="checkbox"/> Description of Vehicles (for all refuse haulers).							
Signature of Applicant or Authorized Agent	Signature					Date	
	Print Name					Title	

PART D - Business Inception &amp; Operations

PART E - Business Application Checklist