

BUSINESS LICENSE APPLICATION INSTRUCTIONS

GENERAL INFORMATION:

- Application packets with missing information/documentation will not be processed.
- Include:
 - Address of the physical location of the business.
 - o Mailing address where business licenses/renewals should be sent.
 - Mailing address where sales tax information should be sent.
- Email addresses are required.
- NAICS Codes and description may be obtained at https://www.naics.com/ and applied to page two of application.
- The number of full-time and part-time employees is required for locations inside the City of Greeley.
- 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

ADDITIONAL FORMS

- **Sewer Questionnaire** This form is required if you have a commercial location inside the City of Greeley. This includes retail, office, and industrial locations.
 - NOTE: Not required for home-based businesses or businesses located outside the City of Greeley.
- Home Occupation Permit Application This form is required to obtain a permit for home-based businesses.
 - More information can be found here: https://greeleyco.gov/Business/Construction-and-Growth/Planning-and-Zoning
 - NOTE: Businesses with commercial locations should not complete this form.
- Description of Vehicles This form is required for all refuse haulers doing business in the City of Greeley.

ADDITIONAL INFORMATION

- How to Start a Business in Greeley
 - o https://greeleyco.gov/Business/Business-Operations/How-to-Start-a-Business-in-Greeley
- Sales Tax Questions
 - https://greeleyco.gov/Business/Business-Operations/Sales-Tax



Business License Application

Finance Department 1100 10th St. Greeley, CO 80631 (970) 350-9733 FAX (970) 350-9736 greeleysalestax@greeleygov.com www.greeleyco.gov

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.				
	1) Legal/True Name of Business (Last, First if Individual). Repeat on Page 2									
		ŀ	PROP ID	GEO						
	2) Trade Name/Doing Business As (DBA) of Business				THOLID	OLO .				
						•				
	3) Reason for Filing (check only one) New Business (Including new location)				Type of Ownership (check only one): Individual/Sole Proprietor					
	Update Information for Account:				Corporation (Including PC)					
	Business Purchased or Merged		Limited Liability Company (LLC)							
	Renewal		Partnership (General or Limited)							
PART A - Business Information			Limited Liability Partnership (LLP or LLLP)							
			Non-Profit							
	4) Location/Account Type (check only one):				Trust					
sine	Commercial (Including retail, office, and industrial locations)				Government					
A - Bu	Home Occupation (Home Occupancy Permit		Other Entity Type:							
ART	Out of City Location(s)									
ď	Location Information									
	6) Location Manager Name	LUC		ition	7) Location Phone Number	8) Location Fax Number				
	o, zooddon runager runne					o) Ecoution i ak i tumber				
	9) Location Street Address with Suite Number (No PO B									
	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 14) Send Business Licensing Correspondence Care Of				15) Licensing Phone Number	16) Licensing Fax Number				
	2 your stands about the consequence and or					10) Electioning Fax Warmber				
	17) Check the following if the licensing address is:	18) Mailing A	ddre	ss for Business Licensing C	prrespondence					
	Same as Location Address (lines 9 - 13 above)			iaaro	33 TOT BUSINESS EIGENSING O	oncoponacioc				
	19) City		20) State	21) Zip Code						
	Tax Mailing Information									
	(This is where yo	ur tax bookl	let and any ta	x inf	ormation 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 A			ddre	ess for Tax Forms, Notices, a	and Correspondence				
	Same as Location Address (lines 9 - 13 above)									
tion	Same as Licensing Address (lines 18 - 21 above)		27) City		28) State	29) Zip Code				
orma					,	, ,				
it inf	30) Check one of the following if the records address is:			31) Address where Tax Records may be Inspected (No PO Boxes)						
Contact Information	Same as Location Address (lines 9 - 13 above)									
∞	Same as Licensing Address (lines 18 - 21 a	32) City		33) State	34) Zip Code					
B - Address	Same as Tax Address (lines 26 - 29 above)	·			ĺ					
) - Ac			<u> </u>	A 1 :						
PART B	Tax Contact E-mail Address Primary E-mail Address:			Altei	rnate E-mail Address:					
4	This form has 2 pages. Both pages must be completed. Incomplete applications will not be processed.									
	inis torm has 2 pages. Both page	s must be c	ompleted. Ind	omp	piete applications will not	pe processea.				

Business License Application Page 2

	35) Le												
	36) N	ame of principal offic	er, owner, partner,	member, or manage	37) Title								
PART C - Owners/Officers													
	38) Address of principal residence				39) City	40) State	41) Zip Code						
	42) Name of other officer, owner, partner, member, or manager				43) Title								
PART C - (44) Ad	ddress of principal re	sidence		45) City	46) State	47) Zip Code						
	Additional officers, owners, partners, members, or managers may be included on attachments.												
	48) Le	egal Name of Prior Bu	49) Purchase/N	Merge Date									
	50) Date Started or Date Business Will Open												
	51) Hours of Operation (local businesses only)												
		Monday Tuesday Wednesday		Thursday	Friday	y Saturday	Sunday						
	From: To:												
	52) Website Address				53) NAICS Code:		Number of Employ	Number of Employees at this Location					
							54) FT	55) PT					
	56) Primary Business Type (check only one) Retail Trade Wi			Wholesale Trade	Transportation, Warehousing								
	Manufacturing or Processing Agric			Agriculture	Utilities	Real Estate	, Rental & Leasing						
ons	Professional or Service Construction			Information	Natural Me	dicine							
perat	Accommodation, Food Services Health Care				Other:								
n & O	57) Check this box 58) Descri			58) Description of	f Goods Sold or Serv	rices Provided		59) State Child Care					
nceptic	if you intend to sell liquor.							License Number					
essl	60) R	equested Reporting F	requency										
Busir		Monthly	Quarterly	Annually	Occasional Filer	Filer Estimated Annual Sales/Use Tax Liability:							
PART D - Business Inception & Operations		All busine	Every busine sses, including tho	ss must file at leas se that do not mak	-		use tax liability.						
				В	usiness Applicatio	n							
klist	Completed Sewer Questionnaire (for commercial locations).												
Check	Home Occupation Permit Application (if needed).												
lication		Description of Vehicles (for all refuse haulers).											
ss App													
Busine													
PART E - Business Application Checklist													
	•		Signature				Date						
Signature of Applicant or Authorized Agent			Drint Name				Tial						
			Print Name				Title						