



Greeley Police Records
2875 West 10th Street
Greeley, CO 80634
(970)350-9677
FAX (970)350-9686

Application for Pawnbroker License

New License Renewal

Official Use Only

Forwarded to DC by _____ on _____

Approved by _____ on _____

Denied by _____ on _____

Reason for Denial: _____

General Information

1. Name of Business: _____

2. Trade Name of Establishment (D/B/A): _____

3. Address of Business: _____

City: _____ State: _____ Zip Code: _____

4. Business Telephone Number: _____

5. Please check one of the following boxes:

Sole Proprietorship

Partnership

Corporation

Limited Liability Company

PLEASE CONTINUE TO THE NEXT PAGE OF THIS APPLICATION

Sole Proprietor Information

1. Please list the name, address, and date of birth of the proprietor:

Partnership Information

1. Please list the names, addresses, and dates of birth of any partners:

Limited Liability Company Information

1. Please list the names, addresses, and dates of birth of any members and manager(s):

PLEASE CONTINUE TO THE NEXT PAGE OF THIS APPLICATION

Corporation Information

1. Please list of the name of the corporation: _____

2. Please list the names, addresses, and dates of birth for the following members of the corporation:

President: _____

Vice-President: _____

Treasurer: _____

Secretary: _____

Director(s): _____

3. Please list all stockholders (names, addresses, dates of birth, and position) owning 10% (or more) of the issued stock:

4. If stock is pledged, please state the name and address of the person or entity to whom pledged and terms thereof. If additional space is needed, use a separate sheet. Attach copies of the articles of incorporation and certificate of good standing from the State of Colorado. If this is a new corporation, attach the certificate and articles of incorporation and organizational minutes:

5. Please list any other persons who have a direct or indirect financial interest in this business and the percentage of their interest:

PLEASE CONTINUE TO THE NEXT PAGE OF THIS APPLICATION

6. Has the corporation, any officer, director, manager, stockholder owning or controlling 10% or more of the corporation, member, entity, or person having an interest in the business been adjudicated bankrupt, entered into a "Wage-Earner Plan" pursuant to Chapter XIII of the Federal Bankruptcy Act, or made a general assignment for the benefit of creditors during the past three years?

Yes No

If yes, please explain on a separate sheet.

7. Has a judgment based on fraud ever been entered against the applicant, manager, partner, officer, director, or stockholder?

Yes No

If yes, please explain:

8. Has the applicant, manager, partner, officer, director, or stockholder ever held a pawnbroker's license?

Yes No

If yes, please state the name of the licensee, relationship to the applicant, dates the license was held, and the city and state where the license was held:

9. Has the applicant, manager, partner, officer, director, or stockholder ever been denied a pawnbroker license?

Yes No

If yes, please state the name of the person denied the license, the relationship to the applicant, date of denial, the city and state where the license was denied, and the reason for denial:

10. Has the applicant, manager, partner, officer, director, or stockholder ever had a pawnbroker license suspended or revoked?

Yes No

If yes, please state the name of the person with the suspended or revoked license, the relationship to the applicant, dates of suspension or revocation, the city and state where the license was suspended or revoked, and the reason for suspension or revocation:

PLEASE CONTINUE TO THE NEXT PAGE OF THIS APPLICATION

Financial Information

1. Please state the purchase price and/or terms of the lease:

2. Please attach a copy of the mortgage agreement, deed, or lease.

3. Please state the cash to be invested, by whom, the bank and account number, the amount, the source, and the purpose:

4. Please state any business loans obtained, by whom, the bank and account number, the amount, the source, and the purpose:

Please attach any any copies of loan agreements with this application.

5. Please list the account name, bank, bank address, account number, and the names of all authorized signatories on all business accounts:

6. Is there a written management agreement? Yes No

7. Is there a written partnership agreement? Yes No

8. Please attach any copies of all written agreements. If there are no written agreements or contracts, a statement must be provided detailing the oral agreements on a separate sheet of paper.

PLEASE CONTINUE TO THE NEXT PAGE OF THIS APPLICATION

Property Information

1. Is the building owned or leased? Owned Leased

2. Please list the name and address of the owner of the building in which the premises are located:

3. Is the land owned or leased? Owned Leased

4. Please list the name and address of the owner of the land upon which the building is located:

5. Please attach a copy of the deed, lease, or other document showing the applicant's right to possession of premises.

6. Please list the name of the applicant's insurance company, agent, policy number, and the effective date of policy:

PLEASE CONTINUE TO THE NEXT PAGE OF THIS APPLICATION

Pawnbroker Checklist

Initial Pawnbroker Application

Completed Application with Notarization
Fingerprint Documentation
Payment of \$115.00

Renewal Pawnbroker Application

Completed Application with Notarization
Fingerprint Documentation
Payment of \$115.00

Signature: _____ Date: _____



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Application for Pawnbroker License

Applic

ZONING REVIEW / OCCUPANCY CERTIFICATE

GENERAL INFORMATION

Name of business: _____

Trade name of establishment (d/b/a): _____

Address of premises: _____

Business telephone: _____

Applicant is a:

_____ Sole Proprietorship _____ Partnership

_____ Corporation _____ Limited Liability Company

TO BE COMPLETED AND SIGNED BY COMMUNITY DEVELOPMENT DEPARTMENT

Community Development 1100 10th Street, Greeley, CO 80631
Phone: 970.350.9780 Fax: 970.350.9800

Zoning _____ Use by Right _____

Lawful Non-conforming _____

Comments: _____

Signed _____ Date _____

TO BE COMPLETED AND SIGNED BY INSPECTION DIVISION

Building Inspection 1100 10th Street, Suite 114, Greeley, CO 80631
Phone: 970.350.9830 Fax: 970.350.9844

Certificate Issued _____ Date _____

Occupancy Certificate Not Required or Previously Issued _____

Signed _____ Date _____



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Application for Pawnbroker License

AUTHORITY FOR RELEASE OF INFORMATION

Name (Last) (First) (Middle)
Date of Birth Month/Day/Year
Sex

I, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Greeley, Greeley Police Department, or Private investigator working as an agent of the City of Greeley for purposes of the application, whether the said records are of Criminal Justice, public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, whosesoever located.

I understand that all information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the City of Greeley, Finance Department. I understand that all materials pertaining to this background investigation become the property of the City of Greeley, Finance Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof. MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this day of

Notary Public Expiration Date (Notary Seal)



CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

GREELEY, CO 80631

(970) 350-9733 FAX (970) 350-9736

<http://www.greeleygov.com>

APPLICATION FOR SALES TAX / USE TAX

NO LICENSE FEE IS REQUIRED. THE GREELEY SALES/USE TAX RATE IS 3.46%

BUSINESS INFORMATION

Name of Business: _____
 DBA Name: _____
 Physical Address: _____
 Telephone Number: _____ Fax: _____
 Email: _____ Web Site: _____
 FEIN: _____ SSN: _____
 Year company was founded: _____ Length of time at this location _____
 Is this the headquarters for this company? Y N

BUSINESS DESCRIPTION

Please provide a detailed description of the nature of business (products sold and services provided):

NAICS Code: _____

If you do not know your NAICS code, please check which best describes your business activity:

- Agriculture Utilities Construction Manufacturing Wholesale Trade
- Retail Trade Transportation, Warehousing Information Real Estate, Rental, & Leasing
- Professional Health Care Accomodation, Food Services
- Other: _____

Type of Ownership (Select Only One):

- Sole Proprietor LLC Partnership Corporation LLP Other _____

Name of Owner (s): _____

Address of Owner: _____

Filing Frequency:

- Monthly (tax collected is over \$50/month) Quarterly (tax collected is \$25.00-\$49.99/month)
- Annual (tax collected is less than \$25/ month)

MAILING AND CONTACT INFORMATION

Sales/Use Contact: _____ Title: _____

Telephone Number: _____ Fax: _____

Email: _____

Mailing Address: _____

Date Started or Date Business Will Open: _____

Name of Former Owner (If Purchasing Existing Business): _____

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.

Authorized Signature: _____ Date: _____

FOR CITY USE ONLY:

ACCT # _____ GEO: _____ PROP ID: _____ SQ. FT. _____



CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

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(970) 350-9733 FAX (970) 350-9736

<http://www.greeleygov.com>

APPLICATION FOR SALES TAX / USE TAX INSTRUCTIONS

GENERAL INFORMATION:

- * If the business or home occupation has a physical location within the City limits of Greeley, a Sales/Use Tax License/Zoning Review/Occupancy Certificate check-off list must be completed and signed by the Community Development and Building Inspection departments. These departments are located at 1100 10th Street, Greeley, CO 80631. There are no charges for these services and there is no sales/use tax license fee required.
- * If the business is a City of Greeley sewer user, the Commercial Sewer User Classification Questionnaire must be completed.
- * Return the completed and signed application, the completed and signed check-off list (if applicable) and sewer questionnaire (if applicable) to the following address: City of Greeley, Finance Department, 1000 10th Street, Greeley, CO 80631

BUSINESS INFORMATION:

- * Please provide the information indicated, and include area codes when listing telephone numbers.

BUSINESS DESCRIPTION:

- * If you know the North America Industry Classification System (NAICS) code, for your business fill in the blank. Provide a detailed description of your business, including products sold and services provided. Check the box best describing your business.
- * Type of Ownership:
 - Sole Proprietorship: Business is owned and operated by a single individual.
 - LLC: Limited Liability Company - combines the tax attributes of a partnership with the attributes of a corporation for liability purposes. An LLC may have one or several members and is created by filing "Articles of Organization" with the Secretary of State
 - Partnership: Business is owned by two or more individuals or other business entities.
 - Corporation: "C" Corporation - A legal entity existing separately from the parties creating the entity. "Articles of Incorporation" are filed with the Secretary of State and bylaws are adopted.
 - LLP: Limited Liability Partnership or Limited Liability Limited Partnerships (LLLLP) - Legal Limited Liability Partnership Act (7/1/95) created a legal structure similar to S Corp and a LLC. A "Registration Statement" is filed with the Secretary of State.
 - Other: Please select this category, and give a brief description if the entity is a Subchapter S ("S") Corporation, a Limited Partnership Association, or a Nonprofit Organization or any other type of ownership.

MAILING AND CONTACT INFORMATION:

Please provide the requested information, even if it is the same as the business information. If this is a new business, or an existing business was purchased, and is physically located in Greeley, the applicant will need to file an Initial Use Tax return, and pay any applicable use tax.

CITY OF GREELEY, COLORADO
SALES TAX LICENSE / ZONING REVIEW / OCCUPANCY CERTIFICATE

CHECK-OFF LIST

A) TO BE COMPLETED BY APPLICANT:

APPLICANT _____ DATE _____

LOCATION (not PO BOX) _____

SAME AS RESIDENCE? _____ YES _____ NO _____

PHONE NO _____ BUSINESS NAME _____

TYPE OF BUSINESS _____

PLEASE CHECK CORRECT ONE AND BRIEFLY DESCRIBE ACTIVITY

SALES _____ SALES & SERVICE _____ SERVICE _____

MANUFACTURING _____ OTHER _____

ACTIVITY:

B) TO BE COMPLETED AND SIGNED BY COMMUNITY DEVELOPMENT DEPARTMENT

**Community Development 1100 10th Street, Greeley, CO 80631 Phone: (970) 350-9780
Fax: (970) 350-9800**

ZONING _____ USE BY RIGHT _____

LAWFUL NON-CONFORMING _____

HOME OCCUPATION _____

MEETS HOME OCCUPATION REQUIREMENT _____

OTHER _____

COMMENTS: _____

SIGNED _____ DATE _____

C) TO BE COMPLETED AND SIGNED BY INSPECTION DIVISION

Building Inspection 1100 10th Street, Suite 114, Greeley, CO 80631 Phone: (970) 350-9830 Fax: (970) 350-9844

CERTIFICATE ISSUED _____ DATE _____

OCCUPANCY CERTIFICATE NOT REQUIRED OR PREVIOUSLY ISSUED

SIGNED _____ DATE _____

CITY OF GREELEY

COMMERCIAL SEWER USER CLASSIFICATION QUESTIONNAIRE

When a business is opened or changes hands, the sewer account is reviewed for proper billing classification. It is important that you fill out this questionnaire accurately and completely, to ensure your business is receiving the correct billing rate. Please return this questionnaire along with your Sales Tax License Application.

Name of Business:

Short Business Description:

Contact Person:

Is this a home-based business? _____yes* _____no

**If yes, then please stop here and return the form.*

Outside Landscape square footage (this information is *very important* in establishing correct sewer billing information for commercial businesses.)

_____Less than 15,000 ft² _____more than 15,000 ft²

Please read the following classifications to determine which class your business best fits, and check the appropriate one. If it does not fit into any of the following classes, then please explain:

_____**Class I:** includes retail stores, offices, car washes, cleaners, laundromats, schools, colleges, churches, beauty shops, financial institutions, membership organizations without dining facilities, motels without dining facilities, gas stations without repair, and bed and breakfasts that serve only a continental breakfast.

_____**Class II:** includes bars and taverns without dining, service stations and garages with repair, animal clinics, hospital/convalescent homes, photo finishing, light manufacturing, coffee shops, convenience stores, and bed and breakfasts that cook a daily breakfast.

_____**Class III:** includes restaurants, hotels with dining facilities, bars and taverns with dining, and membership organizations with dining.

_____**Class IV:** includes food markets (grocery stores), butchers, bakers, and food manufacturing.

_____**Class V:** includes mortuaries and miscellaneous heavy commercial manufacturing.

If you have any questions, then please contact the City of Greeley Industrial Pretreatment Program at 970-350-9363. Thank you for your cooperation and assistance.



AFFIDAVIT OF LAWFUL PRESENCE

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

___ I am a United States citizen, or

___ * I am a Permanent Resident of the United States, or

___ * I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

*If Affiant affirms that he/she is either a Permanent Resident or otherwise lawfully present in the United States, please have Affiant complete the S.A.V.E. verification form and forward both forms to H.R. for verification of lawful presence in the S.A.V.E. program.

- For internal use only:**
IDENTIFICATION PROVIDED
- ___ Current Colorado Driver’s License or Permit
 - ___ United States passport
 - ___ Current Colorado Identification Card Issued by Department of Motor Vehicles
 - ___ United States Military ID/Common Access Card
 - ___ United States Military Dependent Identification Card
 - ___ United States Coast Guard Merchant Mariner Card
 - ___ Native American Tribal Document
 - ___ Out of State DL/ID from any state except Alaska, Illinois, New Mexico, Utah, or Washington.
 - ___ Out of State DL/ID that says “Enhanced”
 - ___ Foreign passport with photo, US Visa, I-94
 - ___ Certificate of Naturalization w/photo less than 20 years old
 - ___ Certificate of Citizenship w/photo less than 20 years old

- For internal use only:**
ALTERNATE I.D. REQUIREMENTS
- If applicant can not produce one of the identification documents listed at left, please refer to Attachments A and B of the Department of Revenue’s “Rules for Evidence of Lawful Presence” located at U:\City Attorney\Immigration
- Questions? contact the City Attorney’s office.

S.A.V.E. VERIFICATION FORM

Pursuant to Section 24-76.5-103 of the Colorado Revised Statutes, the City of Greeley must verify that individuals who apply for public services from the City are lawfully present in the United States. If an Applicant executes the Affidavit stating that he or she is an Alien lawfully present in the United States, the City of Greeley must verify such lawful presence through the federal Systematic Alien Verification of Entitlement program ("SAVE program"). This verification program is operated by the United States Department of Homeland Security.

The following information is required in order for the City to perform the SAVE program verification. In addition, please affix to this form a legible copy of your identification or other documentation which demonstrates lawful presence in the United States.

Name _____

Telephone Number _____

Social Security Number _____

Date of Birth _____

- City Benefit requested:**
- Food Tax Rebate
 - Water and Sewer Department Rebate
 - Commercial/Professional License
 - Liquor License
 - Loan (including Historic Preservation loans)
 - Grant
 - Emergency Assistance

For internal use only:
Requesting Department _____
Staff contact _____
Forward the Affidavit, SAVE Verification form, and copy of appropriate identification documents to H.R.

H.R. use only:
___ S.A.V.E. verification performed
 ___ Affiant is lawfully present in the United States
 ___ Affiant is not lawfully present in the United States

___ Documents returned to originating Department.