TREE TRIMMING SERVICES 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 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

WILL YOU WORK IN PUBLIC SPACE?

- A City of Greeley Right of Way/Contractor Application will also be needed.

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.
  - **NOTE**: Businesses with commercial locations should not complete this form.

ADDITIONAL DOCUMENTATION

- Provide all equipment for inspection of company name and logo on equipment
- Provide Proof of current license obtained in the City of Fort Collins, OR
  - Provide Proof of Certified Tree Climber credential through the ISA
  - Pass a practical skills test with a score of 80% or better, (call City of Greeley Forestry at 970-351-5150 to schedule an appointment)

ADDITIONAL INFORMATION

- **Sales Tax Questions**
  - https://greeleyco.gov/business/business-operations/sales-tax
- **Forestry Home Page**
  - https://greeleyco.gov/forestry

Clear Form

Business & Tree Trimming Application

Finance Department
1100 10th Street
Greeley, CO 80631

(970) 350-9733
FAX (970) 350-9736
greeley.salestax@greeleygov.com
www.greeleyco.gov

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

PART A - Business Information

Business Name & Type of Entity

1) Legal/True Name of Business (Last, First if Individual). Repeat on Page 2

2) Trade Name/Doing Business As (**DBA**) of Business

FOR CITY USE ONLY

ACCT #	SQ. FT.
PROP ID	GEO

3) Reason for Filing (check only one)

- ☐ New Business (Including new location)
- ☐ Update Information for Account:_____
- ☐ Business Purchased or Merged
- ☐ Renewal

4) Location/Account Type (check only one):

- ☐ Commercial (Including retail, office, and industrial locations)
- ☐ Home Occupation (Home Occupancy Permit Form required)
- ☐ Out of City Location(s)

5) Type of Ownership (check only one):

- ☐ Individual/Sole Proprietor (Verification of Lawful Presence required)
- ☐ Corporation (Including PC)
- ☐ Limited Liability Company (LLC)
- ☐ Partnership (General or Limited)
- ☐ Limited Liability Partnership (LLP or LLLP)
- ☐ Non-Profit
- ☐ Trust
- ☐ Government
- ☐ Other Entity Type: _____

PART B - Address & Contact Information

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:

- ☐ Same as Location Address (lines 9 - 13 above)

18) Mailing Address for **Business Licensing** Correspondence

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:

- ☐ Same as Location Address (lines 9 - 13 above)
- ☐ 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:

- ☐ Same as Location Address (lines 9 - 13 above)
- ☐ Same as Licensing Address (lines 18 - 21 above)
- ☐ 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:

This form has 2 pages. Both 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)

- ☐ Manufacturing or Processing
- ☐ Professional or Service
- ☐ Accommodation, Food Services
- ☐ Retail Trade
- ☐ Agriculture
- ☐ Construction
- ☐ Health Care
- ☐ Wholesale Trade
- ☐ Utilities
- ☐ Information
- ☐ Other:
- ☐ Transportation, Warehousing
- ☐ Real Estate, Rental & Leasing
- ☐ Natural Medicine

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 - Tree Trimming License

Tree Trimming Application

- ☐ Application Fee
- ☐ Proof of Business Liability Insurance
- ☐ Completed Business Application
- ☐ Completed Commercial Sewer User Classification Questionnaire (in City Limits only)
- ☐ Home Occupation Form (If applicable)

By signing below, I declare all documentation has been turned in for the occupational license of Tree Trimming.

Signature | Date

Printed Name | Title

Clear Form

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 ft^2 ☐ more than 15,000 ft^2

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.