

BUSINESS & OUTDOOR VENDOR APPLICATION INSTRUCTIONS

GENERAL INFORMATION:

- Application packets with missing information/documentation will not be processed.
- Be sure to include the address of the physical location of the business, the mailing address where business licenses/renewals should be sent, and the mailing address where sales tax information should be sent.
- Email addresses are required.
- NAICS Codes may be obtained at www.naics.com.
- The number of full time and part time employees is required.
- Reporting frequency and estimated sales/use tax liability is required.
- Must provide description of vehicle, pushcart, kiosk, or other structures used in the operation.
- Must provide any vehicle license or registration information (if applicable).
- Must provide 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

- **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.
- **Affidavit of Lawful Presence** – This form is required for individual and sole proprietorships. One identification from the list at the bottom of this form should be provided. **NOTE:** No license will be issued without proof of identification.
- **S.A.V.E. Verification Form** – This form is required if you did not select “I am a United States Citizen” on the Affidavit of Lawful Presence. **NOTE:** We do not verify citizenship through the Immigration and Naturalization Service (INS).
- **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

- Proof of liability insurance.
- Plan drawings for each location on private property (if applicable).
- Written permission from property owners for locations on private property (if applicable).
- Weld County Retail Food License
- Proof of Colorado Department of Revenue Sales & Use Tax License.



Business & Outdoor Vendor Application

Finance Department
1000 10th Street
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) <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 (<u>Verification of Lawful Presence</u> required) <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"/> 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) | | <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____ | |
| 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: <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 | |
| 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: <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: | | |


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): <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): | 2) Application Type (check one): <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

- 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
- Completed Affidavit of Lawful Presence (Sole proprietor or Individual only)
- S.A.V.E Verification (Non-US Citizen)
- Home Occupation Form (If applicable)

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

| | | |
|---|--------------|-------|
| Signature of Applicant or Authorized Agent | _____ | _____ |
| | Signature | Date |
| | _____ | _____ |
| | Printed Name | Title |

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 cannot 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.



Home Occupation Permit

Fee: \$25

New

Renewal

Applicant: _____

Phone: _____

Business Name: _____

Street Address: _____

Zip Code: _____

Email: _____

A fee of \$25 is assessed for this permit.

Summary of zoning criteria in Section 24-403.C, Home Occupation, of the 2021 City of Greeley Development Code, (rev. 2021):

- The exterior appearance of the dwelling and lot shall not be altered, nor shall the occupation within the dwelling be conducted in a manner which would cause the premises to differ from the residential character either by the use of colors, materials, construction, lighting or signage, or by the emission of sounds, noises, dust, odors, fumes, smoke, or vibrations detectable outside the dwelling.
- All persons involved in carrying on the home occupation on the premises shall be legal and regular inhabitants of the dwelling unit. No other employees associated with the home occupation may be at the site for the purpose of conducting any part of the business operation.
- The dwelling unit shall continue to be used primarily for residential purposes, and the occupational activities shall be harmonious with the residential use.
- There shall be no sale and/or display of merchandise which requires customers to go to the property.
- Vehicular traffic associated with the home occupation shall not adversely affect traffic flow and parking in the area. No more than 1 customer or client vehicle associated with the home occupation shall be at the home at a time, and no more than ten (10) customer/client visits to the home per week shall be allowed, and no more than two (2) trips per week shall be related to the delivery of products and/or materials, with the exception of day-care homes.*
- The area used for the home occupation must not exceed 20% of the habitable portion of the dwelling unit, except where the home occupation is a board-and-care home or child-care home.
- All activity shall be conducted with an enclosed living area, accessory building, or the garage, except as required for state-licensed in-home family child care.
- The use of utilities shall be limited to that normally associated with the use of the property for residential purposes.
- There shall be no on-premise signs advertising the home occupation.
- Activities conducted and equipment and materials used or stored shall comply with the Building Code. The property shall be in compliance with all other building codes and property maintenance standards.
- Any materials or equipment used in the home occupation that is not customary to a residential use shall be stored within an enclosed structure.
- Only one vehicle not to exceed one-ton capacity and one trailer which cannot exceed 15 feet may be related to and used in conjunction with the home occupation and shall be parked on-site, except for customary agricultural vehicles and equipment at rural homes. Such parking shall not be located within any setback.
- Only one home occupation shall be permitted per residence, unless more than one home occupation can be operated using the same area within the residence, which shall constitute no more than 20 percent of the living space and can operate within the parameters of a single home occupation.

*Any home occupation not meeting these criteria, or otherwise denied a permit by the Director, may only be approved according to Section 24-206, Use by Special Review.

This is to certify that I am a responsible party for the aforementioned business and understand the conditions of Section 24-403.C of the Greeley Development Code which regulates home occupations and agree to abide by the conditions stated herein.

Signature

Date

| | | | |
|--|--------------------------------|--------------------------------------|-----------------------|
| FOR OFFICE USE ONLY | | | |
| Zone _____ | Planner _____ | Date _____ | |
| Payment: <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | Permit expires: _____ |