



## **BURGLAR ALARM BUSINESS SALESPERSON**

No person shall permit the installation, servicing, maintaining, repairing, replacing, moving or removing of any burglar alarm device unless there exists a valid permit therefore granted and subsisting in compliance with City Code, and no person shall engage in, manage, conduct or carry on a business involving any such activity unless there exists a valid permit therefore granted and subsisting in compliance with this Code. Every natural person age eighteen (18) and above engaging in the business of selling, installing, servicing, maintaining, repairing, replacing, moving or removing any burglar alarm device, or if the applicant is a corporation, partnership, limited liability corporation or other business entity, each of its officers, directors, and each salesperson, before being issued a license therefore, shall file with the Director of Finance an application upon a form to be furnished. An additional fee shall be required for each individual employed by said business who engages in the selling of any burglar alarm service.

### **ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION**

- Authority for release of information
- \$1,000 bond for business

### **FEE REQUIRED**

- \$85.00 annual business license fee
- \$30.00 annual salesperson license fee
- \$6.85 CCIC annual fee

### **TERMS OF LICENSE**

The term of the license is for one year from the date of issuance.

1000 10<sup>TH</sup> St, Greeley, CO 80631  
970.350.9728 FAX 970.350.9736

**GENERAL INFORMATION**

- 1. Name of business: \_\_\_\_\_
- 2. Trade name of establishment (d/b/a): \_\_\_\_\_
- 3. Address of premises: \_\_\_\_\_
- 4. Business telephone: \_\_\_\_\_
- 5. Applicant is a:  
\_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Partners  
\_\_\_\_\_ Corporation                      \_\_\_\_\_ Limited I

**SOLE PROPRIETORSHIP INFORMATION**

- 6. If sole proprietorship, list name, address, and date of birth of proprietor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNERSHIP INFORMATION**

- 7. If partnership, list name, address, and date of birth of partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIMITED LIABILITY INFORMATION**

- 8. If limited liability company, list name, address, and date of birth of members and manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

**CORPORATION INFORMATION**

9. If corporation, list name: \_\_\_\_\_

10. If corporation, list names, addresses, and dates of birth of:

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

Director \_\_\_\_\_

Director \_\_\_\_\_

11. List all stockholders owning 10% (or more) of the issued stock:

Name	Address	Date of Birth	Position
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. List any other persons who have a direct or indirect financial interest in this business and the percentage of their interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

**OTHER INFORMATION**

14. Has any officer, director or partner of the company ever been convicted of any felony, misdemeanor or ordinance violation involving moral turpitude or a breach of peace?

( ) Yes ( ) No If yes, list nature of the offense, penalty or punishment imposed, and the date and place where such offense occurred

\_\_\_\_\_

—

\_\_\_\_\_

—

15. Has a judgment or conviction for fraud, deceit or misrepresentation ever been entered against the applicant, manager, partner, officer, director, or stockholder?

( ) Yes ( ) No If yes explain.

\_\_\_\_\_

\_\_\_\_\_

16. Description of the nature and type of business to be conducted or services to be offered and the area expected to be covered in the conduct of business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION FOR LICENSE**

1000 10<sup>th</sup> St  
Greeley, CO 80631  
970.350.9728  
970.350.9736 fax

**AUTHORITY FOR RELEASE OF INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
**Sex** **Month/Day/Year**

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, whosoever 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)



## **Burglar Alarm License**

### Burglar Alarm Selling License

**A background check is required of all applicants for the above licenses or certificates. The following is required prior to going to Greeley/Weld Criminal Justice Records Section, 1551 N. 17<sup>th</sup> Avenue, Greeley, CO for the background check.**

Step 1:

- Fingerprint card obtained at the Weld County Jail, 2110 O St, Greeley, CO. There is a \$10.00 fee charged by the Weld County Sheriff's Office for fingerprinting.

Step 2:

- Receipt from City of Greeley, Finance Department, indicating all City required fees have been paid.
- Completed and signed application form.
- Completed and signed Authority for Release of Information form.
- Proof of identification.
- Money order or company check made out to the Colorado Bureau of Investigations (CBI) for \$16.50 per applicant.

Fingerprints must be obtained prior to Step 2. All documentation may be left at The City of Greeley with 1x1 inch color photo for processing. License and ID will be issued when paperwork is approved and CBI check is processed through Greeley/Weld Criminal Justice Records Division.

1000 10<sup>TH</sup> St, Greeley, CO 80631  
970.350.9728 FAX 970.350.9736

**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

**For internal use only:**

**IDENTIFICATION  
PROVIDED**

- \_\_\_ Colorado Driver's License
- \_\_\_ Colorado Identification Card Issued by Department of Motor Vehicles
- \_\_\_ United States Military Card
- \_\_\_ United States Military Dependent Identification Card
- \_\_\_ United States Coast Guard Merchant Mariner Card
- \_\_\_ Native American Tribal Document

**For internal use only:**

**ALTERNATE I.D. PROVIDED  
Only through July 1, 2007**

- \_\_\_ Original birth certificate from any state of the United States
- \_\_\_ certificate verifying naturalized status by U.S. with photo and raised seal
- \_\_\_ Certificate verifying U.S. citizenship by U.S. government, e.g., U.S. passport
- \_\_\_ Order of adoption by a U.S. court with seal of certification
- \_\_\_ valid driver's license from any state of the U.S. or the Dist. of Columbia excluding AK, HI, IL, MD, MI, NE, NM, NC, OR, TN, TX, UT, VT and WI
- \_\_\_ Valid immigration documents demonstrating lawful presence, e.g., current foreign passport with current I-551 stamp or visa, current foreign passport with I-94, I-94 with asylum status, unexpired Resident Alien card, Permanent Resident card or Employment Authorization card

\*A waiver may be available where no identification exists or can be obtained due to a medical condition, homelessness, or insufficient documentation to receive a Colorado I.D. or driver's license. Contact your department director.

**ADVISEMENT REGARDING USE OF COLORADO DEPARTMENT OF REVENUE EMERGENCY RULES FOR  
TEMPORARY ADDITIONAL IDENTIFICATION DOCUMENTS OR PROCEDURES**

The Colorado Department of Revenue requires the following advisement if the Applicant chooses to use one of the additional forms of identification authorized by its Executive Director pursuant to § 24-76.5-103(5)(a), C.R.S.:

1. Under current Colorado law, in order to receive benefits beyond July 1, 2007, Applicant must produce one of the following forms of identification: a valid Colorado driver's license or a Colorado identification card issued pursuant to Article 2 of Title 42, C.R.S.; a United States military card or a military dependent's identification card; a United States Coast Guard merchant mariner card; or a Native American tribal document.
2. As soon as possible, Applicant should begin working diligently to secure the appropriate identification document; and
3. A determination of eligibility for benefits based on an Alternative Identification or the Electronic Identification Indicator in no way constitutes a representation that Applicant has provided sufficient information or documentation to support the issuance of one of the forms of identification set forth in § 24-7605-103(4)(a) C.R.S.



**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: \_\_\_\_\_

<b>FOR CITY USE ONLY:</b>			
ACCT # _____	GEO: _____	PROP ID: _____	SQ. FT. _____



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## CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

GREELEY, CO 80631

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

<http://www.greeleygov.com>

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### 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 (LLLP) - 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 10<sup>th</sup> 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 10<sup>th</sup> 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 ft<sup>2</sup>      \_\_\_\_\_ more than 15,000 ft<sup>2</sup>

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.**

# CITY OF GREELEY, COLORADO

## INITIAL USE TAX FORM

Greeley Sales Tax License Number:			
Business Name:			
Business Address:	City:	State:	Zip Code:
Business Telephone Number:			

### Section A

Date of Purchase	If business was purchased, indicate: Seller's Name and Address	Purchase Price of Equipment, Fixtures, Furniture, Supplies, Etc.	3.46% of Purchase Price

### Section B: Purchase of Equipment, Fixtures, Furniture, Supplies, Etc.

Invoice Date	Vendor's Name and Address	Purchase Price on Which Tax Was Paid	Purchase Price on Which Tax Was <u>Not</u> <u>Paid</u>
<b>Totals</b>			
		<b>Amount Due</b>	<b>X 3.46%</b>

### Section C: Leases of Equipment, Fixtures, and Furniture

Lessor	Address	Type of Equipment Fixtures / Furniture	Tax paid by (l)	
			Lessor	Lessee

**Total Tax Due**

Section A \_\_\_\_\_ + Section B \_\_\_\_\_ = Total Tax \_\_\_\_\_

Penalty \_\_\_\_\_ + Interest \_\_\_\_\_ = Total Tax, Penalty & Interest \_\_\_\_\_

## **CITY OF GREELEY, COLORADO**

### **Instructions - Initial Use Tax Form**

The INITIAL USE TAX FORM must be completed when an existing business is purchased from a previous owner, or when opening a new business.

**PURCHASED BUSINESS** - If you purchased the business from a previous owner, the USE TAX you owe is 3.46% of the purchase price of the equipment, fixtures, supplies, etc., based on the allocated acquisition price as stated in the purchase contract, but not less than the fair market value. COMPLETE SECTION A.

**NEW BUSINESS** - If this is a new business, COMPLETE SECTION B. List vendors from whom you purchased your equipment, fixtures, furniture, supplies, etc., as shown in the purchase contract. Indicate the purchase price in the appropriate column, Tax Was Paid or Tax Was Not Paid. Multiply the Tax Was Not Paid column by 3.46% This is the amount due from your business.

If you lease equipment, fixtures, or furniture, a 3.46% tax is due on the gross amount of the lease. COMPLETE SECTION C. This amount is to be paid either by you or the lessor over the period of the lease. List all leases and indicate whether you or the lessor will pay the tax.

If a local sales tax has been paid, but at a rate of less than 3.46% use tax is due on the difference between the amount of sales tax actually paid and the amount calculated at the rate of 3.46%

Please provide a detailed listing for each section that applies to you. If additional space is needed, attach continuation sheets.

Checks should be made payable to the City of Greeley. This form is due on the 20<sup>th</sup> day of the month following the date an existing business in Greeley is purchased. If this is a new business, the form is due on the 20<sup>th</sup> day of the month following the first day that sales are made or services are provided in Greeley. A late filing of this form is subject to a 10% penalty of the tax owed, and interest of 1% per month of the tax owed.

Return this form to the City of Greeley, 1000 10<sup>th</sup> Street, Greeley, CO 80631. If you need assistance in completing the form, or have questions concerning the use tax, please contact the sales tax office at (970) 350-9733.

After the INITIAL USE TAX FORM has been filed, subsequent purchases should be included on your regularly filed sales/use tax returns for the City of Greeley. Do not use this form to compute or pay tax on motor vehicles, trailers, or the tax on materials used in construction of real property or real property improvements which involve the issuance of a building permit.