

**THEATER LICENSE  
CITY OF GREELEY  
1000 10TH STREET  
GREELEY CO 80631  
970-350-9728  
FAX: 970-350-9736**

***Needed for initial application:***

- \$220.00 License fee for seating capacity of 500 or more  
**OR**  
\$165.00 License fee for seating capacity of 499 or less
- Completion of “Application for Business License
- Completion of Affidavit of Lawful Presence (Sole proprietor or ind. only)
- Completion of “Application for Sales and Use Tax License”
- Completion of “Check-off List” (if located in city limits)

**6.04.520 Theaters.**

(a) For each theater or other show house where theatrical or vaudeville performances are given, or motion or talking pictures shown, and where the seating capacity exceeds five hundred (500), the fee shall be set in writing annually by the City Manager.

(b) For a license as in Subsection (a) above, but where the seating capacity is less than five hundred (500), the fee shall be set in writing annually by the City Manager. (Ord. 28, 2007 §1; Ord. 26, 1993 §1(part); prior code §14-22(35))

**\*\*Please note that you are not licensed until all required documentation is received\*\***

**CITY OF GREELEY**  
**APPLICATION FOR BUSINESS LICENSE**

Remit to: 1000 10 Street Greeley, CO 80631

970-350-9728

Fax: 970-350-9736

NAME OF COMPANY OR FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ LICENSE # \_\_\_\_\_

ATTN. NAME \_\_\_\_\_

MASTER NAME \_\_\_\_\_

TYPE OF LICENSE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*\*\*\*ONLY FILL OUT IF YOU ARE APPLYING FOR ONE OF THE FOLLOWING LICENSES:  
SOLICITOR, ONE DAY PEDDLERS, PEDDLERS, MAGAZINE SALESPERSON,  
DAIRY VEHICLE, OR DELIVERY SERVICE.**

NAME:	
AGE:	WEIGHT:
BIRTH DATE:	HAIR COLOR:
HEIGHT:	EYE COLOR:

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: \_\_\_\_\_

FOR CITY USE ONLY:			
ACCT #	GEO:	PROP ID:	SQ. FT.
_____	_____	_____	_____



# CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

GREELEY, CO 80631

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

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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 (LLLLP) - Legal Limited Liability Limited 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.**