



Business & Tree Trimming 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	
PART A - Business Information	1) Legal/True Name of Business (Last, First if Individual). Repeat on Page 2	ACCT #	SQ. FT.
	2) Trade Name/Doing Business As (DBA) of Business	PROP ID	GEO
3) Reason for Filing (check only one)	5) Type of Ownership (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	<input type="checkbox"/> Individual/Sole Proprietor (Verification of Lawful Presence 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) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____		
4) Location/Account Type (check only one):			
<input type="checkbox"/> Commercial (Including retail, office, and industrial locations) <input type="checkbox"/> Home Occupation (Home Occupancy Permit Form required) <input type="checkbox"/> Out of City Location(s)			
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:	18) Mailing Address for Business Licensing Correspondence		
<input type="checkbox"/> Same as Location Address (lines 9 - 13 above)	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:	26) Mailing Address for Tax Forms, Notices, and Correspondence		
<input type="checkbox"/> Same as Location Address (lines 9 - 13 above) <input type="checkbox"/> Same as Licensing Address (lines 18 - 21 above)	27) City	28) State	29) Zip Code
30) Check one of the following if the records address is:	31) Address where Tax Records may be Inspected (No PO Boxes)		
<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)	32) City	33) State	34) Zip Code
Tax Contact E-mail Address			
Primary E-mail Address:		Alternate E-mail Address:	

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 - Tree Trimming License	Tree Trimming Application	
	<input type="checkbox"/> Application Fee <input type="checkbox"/> Proof of Business Liability Insurance <input type="checkbox"/> Passed written exam and field test <input type="checkbox"/> Completed Business Application <input type="checkbox"/> Completed Affidavit of Lawful Presence (Sole proprietor or Individual only) <input type="checkbox"/> Completed Commercial Sewer User Classification Questionnaire (in City Limits only) <input type="checkbox"/> S.A.V.E Verification (Non-US Citizen) <input type="checkbox"/> 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



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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.

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<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				<input type="checkbox"/> 58) Check this box if you intend to sell liquor.		59) State Child Care License Number		
60) Requested Reporting Frequency						Estimated Annual Sales/Use Tax Liability: _____		
<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly		<input type="checkbox"/> Annually		<input type="checkbox"/> Occasional Filer		

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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.	
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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.



Home Occupation Permit

Fee: \$25

New

Renewal

Applicant: _____

Phone: _____

Business Name: _____

Street Address: _____

Zip Code: _____

Email: _____

Summary of zoning criteria in Section 18.36, Home Occupations, of the 1998 City of Greeley Development Code, (rev. 2006):

- 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.
- The home occupation shall be confined within the dwelling and shall not include use of the garage, whether attached or detached, except for the parking of a vehicle associated with the home occupation.
- 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.
- There shall be no use or storage of mechanical equipment or materials not recognized as being a part of normal household or hobby use.
- 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. 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.
- **A fee of \$25 is assessed for this permit.**

*Permitted home occupations that would otherwise exceed 10 trips per week shall be considered a major home occupation and shall be required to submit the home occupation request as a Use by Special Review meeting the provisions of Chapter 18.20 regarding special review.

This is to certify that I am a responsible party for the aforementioned business and understand the conditions of Section 18.36 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: _____		