



Business Application

Finance Department
1000 10th Street
Greeley, CO 80631

Clear Form

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

<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.

PART E - Business Application Checklist	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)	

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