



Business 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"/> Individual/Sole Proprietor (Verification of Lawful Presence required)		
<input type="checkbox"/> Update Information for Account: _____	<input type="checkbox"/> Corporation (Including PC)		
<input type="checkbox"/> Business Purchased or Merged	<input type="checkbox"/> Limited Liability Company (LLC)		
<input type="checkbox"/> Renewal	<input type="checkbox"/> Partnership (General or Limited)		
4) Location/Account Type (check only one):	<input type="checkbox"/> Limited Liability Partnership (LLP or LLLP)		
<input type="checkbox"/> Commercial (Including retail, office, and industrial locations)	<input type="checkbox"/> Non-Profit		
<input type="checkbox"/> Home Occupation (Home Occupancy Permit Form required)	<input type="checkbox"/> Trust		
<input type="checkbox"/> Out of City Location(s)	<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:		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)		27) City	28) State 29) Zip Code
<input type="checkbox"/> Same as Licensing Address (lines 18 - 21 above)			
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)		32) City	33) State 34) Zip Code
<input type="checkbox"/> Same as Licensing Address (lines 18 - 21 above)			
<input type="checkbox"/> Same as Tax Address (lines 26 - 29 above)			
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				<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								
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