



# 20    BUSINESS / SALES TAX LICENSE APPLICATION

## For General Business or Retail Sales Tax

|                |  |
|----------------|--|
| Date Received  |  |
| Amount Paid    |  |
| Check Number   |  |
| Date Issued    |  |
| License Number |  |

*Business may not be conducted until a Business / Sales Tax License has been issued.*

*Please allow 3 to 7 days for processing and approval of completed form. Must supply a copy of Driver's License*

**Inspections May Be Required:** It is your responsibility to contact Wellington Fire Protection District (970-568-3232) and Building Department (970-568-3554) to determine if an inspection is required. This must be done before your license can be approved.

|  |  |   |  |  |
|--|--|---|--|--|
| <b>Business Information</b><br><small>IF YOUR BUSINESS IS LOCATED WITHIN TOWN LIMITS, THIS INFORMATION WILL BE LISTED ON THE TOWN WEBSITE BUSINESS DIRECTORY</small> | †TYPE OF APPLICATION: <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> New Application <input type="checkbox"/> Renewal   |   |  |  |
|  | †BUSINESS NAME   |   | TRADE NAME (Doing Business As)   |  |
|  | †TAXPAYER NAME (Owner(s), Partner(s), or Corporation name)   |   |  |  |
|  | †BUSINESS LOCATION ADDRESS (No P.O. Box)   |   | †CITY  | †STATE    †ZIP   |
|  | MAILING ADDRESS  |   | CITY   | STATE    ZIP   |
|  | †BUSINESS PHONE  | BUSINESS WEBSITE  | BUSINESS E-MAIL  |  |
|  | †CONTACT NAME/TITLE  | †CONTACT PHONE  | CONTACT E-MAIL   |  |
| <b>General Business Information</b>  | †TYPE OF BUSINESS (Check all that apply) <span style="color: red; font-size: small;">Contractors must provide a copy of liability insurance</span>   |   |  |  |
|  | <input type="checkbox"/> Communications / Telecom<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Finance/Leasing/Banking   | <input type="checkbox"/> Insurance / Real Estate<br><input type="checkbox"/> Internet<br><input type="checkbox"/> Professional<br><input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail<br><input type="checkbox"/> Service<br><input type="checkbox"/> Technical / Scientific<br><input type="checkbox"/> Mobile Vendor | <input type="checkbox"/> Wholesale<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Office Only<br><input type="checkbox"/> Home Occupation |
|  | †SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED:   |   |  |  |
|  | †THIS BUSINESS:<br><input type="checkbox"/> Is in a private Wellington residence that is owned by applicant ( <i>Home Occupation Registration is required – see Page 3</i> )<br><input type="checkbox"/> Is in a private Wellington residence and is leased by applicant ( <i>Home Occupation Registration &amp; Landlord Statement are required – see Page 3</i> )<br><input type="checkbox"/> Is in a commercial building<br><input type="checkbox"/> Has no physical location in Wellington |   |  |  |
| †SQ. FT OF WELLINGTON LOCATION   |  | †NUMBER OF EMPLOYEES (include self)<br>Full time _____ Part time _____  | NUMBER OF FLOORS   |  |
| <b>Locations</b>   | DO YOU HAVE OTHER LOCATIONS IN WELLINGTON? <input type="checkbox"/> No<br><input type="checkbox"/> Yes    If "Yes", a separate application must be completed for each business location WMC Sec. 6-2-40  |   |  |  |
|  | YEARS AT CURRENT LOCATION  | PREVIOUS LOCATION (CITY, STATE & ZIP)   |  |  |
| <b>Other</b>   | †DO YOU CHARGE YOUR CUSTOMER SALES TAX? <input type="checkbox"/> No <input type="checkbox"/> Yes    If "Yes", completion of page 2 is Mandatory per WMC Sec. 6-2-110.  |   |  |  |
|  | †WILL YOU BE SELLING, OR RESELLING, OR DISTRIBUTING, OR DELIVERING ANY TANGIBLE PROPERTY IN THE TOWN OF WELLINGTON?<br><br><input type="checkbox"/> No    Skip Financial Information section on page 2 complete remainder of form.<br><input type="checkbox"/> Yes    Sales Tax License is Required. <b>Complete page 2 (Mandatory per WMC Sec. 6-2-110), and pages 3 and 4 if applicable.</b>   |   |  |  |

|                  |   |               |       |
|------------------|---|---------------|-------|
| <b>Signature</b> | I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I understand that while this document is not public record by itself, non-confidential items are public record. All confidential items on this application are noted as being confidential. Furthermore, I understand that any business and tax license issued by the Town does not allow me to conduct or maintain any business, occupation or activity prohibited by statute or ordinance. |               |       |
|                  | †APPLICANT'S SIGNATURE  | †PRINTED NAME | †DATE |

## BUSINESS / SALES TAX LICENSE APPLICATION

PAGE 2 OF 4

### CONFIDENTIAL

All information provided in this section of the application is required for a Retail Sales Tax License. This information is considered confidential and will not be publically released.

|                           |   |  |
|---------------------------|---|--|
| <b>Filing Information</b> | †STATE OF COLORADO SALES TAX NUMBER (For all retail & exempt businesses)  | <b>IF BUSINESS IS SEASONAL, CHECK EACH MONTH OPEN FOR BUSINESS:</b><br><br><div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Jan</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Feb</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Mar</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Apr</div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-around; margin-top: 10px;"> <div style="width: 20%; text-align: center;"><input type="checkbox"/> May</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> June</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> July</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Aug</div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-around; margin-top: 10px;"> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Sep</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Oct</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Nov</div> <div style="width: 20%; text-align: center;"><input type="checkbox"/> Dec</div> </div> |
|                           | Jurisdiction Code   |  |
|                           | †FILING FREQUENCY OF SALES TAX:<br><input type="checkbox"/> Monthly (if tax is <i>more</i> than \$300 per month)<br><input type="checkbox"/> Quarterly (if tax is <i>less</i> than \$300 per month)<br><input type="checkbox"/> Annually (if tax is <i>less</i> than \$100 per month) |  |

|                              |  |       |             |                        |
|------------------------------|--|-------|-------------|------------------------|
| <b>Ownership Information</b> | †TYPE OF OWNERSHIP<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Requires copy of proof of I.D. and Affidavit of Lawful Presence - See Page 4)<br><input type="checkbox"/> CORPORATION <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Other _____ |       |             |                        |
|                              | †COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (Use additional sheet if necessary)   |       |             |                        |
|                              | 1) NAME  | TITLE | HOME PHONE  | SOCIAL SECURITY NUMBER |
|                              | HOME ADDRESS   |       | CITY        | STATE   ZIP            |
|                              | 2) NAME  | TITLE | HOME PHONE  | SOCIAL SECURITY NUMBER |
|                              | HOME ADDRESS   |       | CITY        | STATE   ZIP            |
|                              | 3) NAME  | TITLE | HOME PHONE  | SOCIAL SECURITY NUMBER |
| HOME ADDRESS                 |  | CITY  | STATE   ZIP |                        |

|                                    |  |             |             |
|------------------------------------|--|-------------|-------------|
| <b>Fire Department Information</b> | After Hours Emergency Contact List   |             |             |
|                                    | Contact Name and Title:  | Home Phone: | Cell Phone: |
|                                    | Contact Name and Title:  | Home Phone: | Cell Phone: |
|                                    | Contact Name and Title:  | Home Phone: | Cell Phone: |
|                                    | Are there any hazardous materials (covered by the most currently adopted fire code) stored or sold at this location? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> |             |             |

|                          |  |
|--------------------------|--|
| <b>Day Care Provider</b> | Number of Children Licesed to Care for _____           |
|                          | Attach copy of State license                           |
|                          | Date of inspection by County Health Department _____   |
|                          | Date of inspection by Wellington Fire Department _____ |

**BUSINESS / SALES TAX LICENSE APPLICATION**

**IF THE BUSINESS IS IN A PRIVATE WELLINGTON RESIDENCE, A HOME OCCUPATION REGISTRATION MUST BE COMPLETED.**

|   |   |  |
|---|---|--|
| Home Occupation Registration  | ✦ BRIEF DESCRIPTION OF THE BUSINESS YOU ARE CONDUCTING IN YOUR HOME:  |  |
|   | Name _____<br>Physical Address _____ Phone number _____<br>Email Address _____ Zoning District _____  |  |
|   | The following are requirements for a home occupation in a residential district.   |  |
|   | ✦ WILL CUSTOMERS OR CLIENTS BE CONDUCTING BUSINESS ENTIRELY WITHIN THE DWELLING OUTSIDE THE HOURS OF 6:00AM AND 9:00PM? NOTE: CHILD CARE IS EXEMPT FROM THIS REGULATION (PLEASE SEND A COPY OF YOUR STATE LICENSE). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | ✦ DO YOU HAVE ONE (1) OR MORE EMPLOYEE WHO IS NOT LIVING IN YOUR HOME?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | ✦ WILL THE TO THE MAIN USE OF THE DWELLING BE SECONDARY TO THE BUSINESS?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | ✦ DOES THS SPACE FOR THE BUSINESS EXCEED ONE-HALF (1/2) THE FLOOR AREA OF THE DWELLING UNIT?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | ✦ WILL THERE BE ANY EXTERIOR ADVERTISING OTHER THAN IDENTIFICATION OF THE HOME OCCUPATION? Residential signs - Wall signs or freestanding signs shall be no larger than 4 sq. feet)                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | ✦ WILL THERE BE SALES OF STOCKS, SUPPLIES OR PRODUCTS CONDUCTED ON THE PREMISES?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | ✦ WILL THERE BE ANY EXTERIOR STORAGE ON THE PREMISES OF MATERIAL OR EQUIPMENT USED AS A PART OF THE HOME OCCUPATION?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ✦ WILL THERE BE ANY OFFENSIVE NOISE, VIBRATION, SMOKE, DUST, ODORS, HEAT OR GLARE NOTICEABLE AT OR BEYOND THE PROPERTY LINE?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| ✦ DO YOU HAVE LESS THAN (2) OFF-STREET PARKING SPACES ADEQUATE TO ACCOMMODATE ALL NEEDS CREATED BY THE HOME OCCUPATION  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS THEN YOU DO NOT COMPLY WITH THE HOME OCCUPATION CRITERIA OF WMC SECTION 16-12-10 AND MAY NOT CONDUCT THIS BUSINESS FROM YOUR HOME.  |   |  |
| <b>If granted, I/We the undersigned, agree to comply with the Town of Wellington Municipal Code Section 16-12-10 and any other stipulations as determined by the Planning Department. I/We hereby depose and state under penalties of perjury that all statements submitted within this application are true and correct to the best of my knowledge.</b> |   |  |
| ✦ APPLICANT'S SIGNATURE   | ✦ DATE  |  |

**IF THE BUSINESS IS IN A PRIVATE WELLINGTON RESIDENCE AND IS LEASED, A LANDLORD STATEMENT MUST BE COMPLETED.**

|   |   |        |
|---|---|--------|
| Landlord Statement                        | ✦ PROPERTY ADDRESS  |        |
|   | ✦ TENANT NAME   |        |
|   | ✦ PROPOSED BUSINESS NAME  |        |
|   | I declare, under penalty of perjury in the second degree, that this application has been examined by me and I am the owner of record at the physical address of this application. The proposed business owner named on this application is my tenant. I have read the application and am aware of the nature of business being conducted on my property. I give permission for this applicant, my tenant, to conduct this business on my property within all the laws, regulations, and requirements of the Town of Wellington. |        |
|   | ✦ SIGNATURE / PROPERTY OWNER OF RECORD  | ✦ DATE |
| ✦ PRINTED NAME / PROPERTY OWNER OF RECORD | ✦ PHONE NUMBER  |        |

**BUSINESS / SALES TAX LICENSE APPLICATION**

|  |  |  |       |
|--|--|--|-------|
| <b>Lawful Presence of Affidavit</b>  | †I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one): |  |       |
|  | <input type="checkbox"/> I am a United States citizen, or  |  |       |
|  | <input type="checkbox"/> I am a legal Permanent Resident of the United States, or                            |  |       |
|  | <input type="checkbox"/> I am otherwise lawfully present in the United States pursuant to Federal law.       |  |       |
| †Per HB 06S-1023, you must provide a copy of <u>one</u> of the following IDs (please check which one is attached):   |  |  |       |
| <input type="checkbox"/> Colorado Driver's License<br><input type="checkbox"/> Colorado ID card<br><input type="checkbox"/> Military IDs<br><input type="checkbox"/> Coast Guard mariner document<br><input type="checkbox"/> Native American tribal document  |  |  |       |
| <p><b>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.</b></p> |  |  |       |
| †APPLICANT'S SIGNATURE   |  |  | †DATE |

To Submit application save to desktop or print form. Send to Cynthia Sullivan at [sullivanc@wellingtoncolorado.gov](mailto:sullivanc@wellingtoncolorado.gov) or Town of Wellington P.O. Box 127 Wellington, CO 80549

|                        |                |                              |                              |                             |       |
|------------------------|----------------|------------------------------|------------------------------|-----------------------------|-------|
| <b>Office Use Only</b> | Administration | Approved                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | †DATE |
|                        | Comment:       |                              |                              |                             |       |
|                        | Zoning         | Approved                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | †DATE |
|                        | Comment:       |                              |                              |                             |       |
| Fire Department        | Approved       | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | †DATE                       |       |
| Comment:               |                |                              |                              |                             |       |
| Sheriff's Department   | Approved       | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | †DATE                       |       |
| Comment:               |                |                              |                              |                             |       |