



Town of Wellington

20__ Business License Application

IMPORTANT NOTES BEFORE COMPLETING THIS FORM:

- Completed applications can be emailed to licensing@wellingtoncolorado.gov.
- Inspections may be required.** You will be contacted by the Community and Business Liaison if an inspection is required by the Wellington Fire Protection District or the Building and Planning Department.
- The Town of Wellington does **NOT** collect sales tax. Applicants will be required to add 'Wellington' to their list of locations (sites) on the [Colorado Department of Revenue website](#).
- CONTACTORS** are required to complete a contractor license. To obtain a contractor's license, please contact Planning and Building Department at building@wellingtoncolorado.gov.

| BUSINESS INFORMATION: | | |
|---|----------------------------------|----------------------|
| TYPE OF APPLICATION: <input type="checkbox"/> General Business (\$25.00) <input type="checkbox"/> Home Occupation (\$55.00) <input type="checkbox"/> Auctioneer / Secondhand (\$100.00) <input type="checkbox"/> Sanitation Services (\$500.00) | | |
| *BUSINESS NAME: | *TRADE NAME (Doing Business As): | |
| TAXPAYER NAME (Owner(s), Partner(s), or Corporation Name): | | |
| *BUSINESS PHYSICAL ADDRESS: | *CITY, STATE, ZIP: | |
| MAILING ADDRESS: | CITY, STATE, ZIP: | |
| *BUSINESS (CORPORATE) PHONE: | *BUSINESS EMAIL: | *BUSINESS WEBSITE: |
| *FACEBOOK: | *INSTAGRAM: | *TWITTER: |
| LOCAL CONTACT NAME: | LOCAL CONTACT PHONE: | LOCAL CONTACT EMAIL: |

| GENERAL BUSINESS INFORMATION: | | | |
|--|---|---|---|
| PLEASE SPECIFY THE PRIMARY ACTIVITIES CONDUCTED BY YOUR BUSINESS AT THE PHYSICAL LOCATION LISTED ABOVE: | | | |
| *TYPE OF BUSINESS: (Check all that apply) | <input type="checkbox"/> Auction <input type="checkbox"/> Communications / Telecom / Internet <input type="checkbox"/> Construction <input type="checkbox"/> Finance / Banking <input type="checkbox"/> Insurance <input type="checkbox"/> Legal | <input type="checkbox"/> Real Estate <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Technical / Scientific <input type="checkbox"/> Franchise | <input type="checkbox"/> Mobile Food Vendor <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> E-Commerce / Internet Sales <input type="checkbox"/> Home Occupation <input type="checkbox"/> Office Only <input type="checkbox"/> Sanitation Services |
| THIS BUSINESS: | | | |
| <input type="checkbox"/> Is in a private Wellington residence that is owned by the applicant (Home Occupation Registration is required – see page 3) <input type="checkbox"/> Is in a private Wellington residence that is leased by the applicant (Home Occupation Registration & Landlord Statement are required – see page 3) <input type="checkbox"/> Is in a commercial building <input type="checkbox"/> Has no physical location in Wellington | | | |
| SQUARE FEET OF WELLINGTON LOCATION: | NUMBER OF FLOORS: | NUMBER OF EMPLOYEES (include self): Full Time: _____ Part Time: _____ | |
| DO YOU HAVE OTHER LOCATIONS IN WELLINGTON? | | | |
| <input type="checkbox"/> No <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): | | |
| DO YOU CHARGE YOUR CUSTOMERS 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, RESELLING, DISTRIBUTING, OR DELIVERING ANY TANGIBLE PROPERTY IN THE TOWN OF WELLINGTON? | | | |
| <input type="checkbox"/> No Skip Financial Information section on page 2; Complete remainder of form <input type="checkbox"/> Yes Sales Tax License is required . Complete page 2 (Mandatory per WMC 6-2-110), and pages 3 and 4 if applicable | | | |



Town of Wellington Business License Application

| | | |
|--|---|---|
| FILING INFORMATION: CONFIDENTIAL All information provided in this section of the application is required for Retail Sales License. This information is considered confidential and will not be publicly released. | | |
| STATE OF COLORADO SALES TAX NUMBER (For all retail and exempt employees): The Town of Wellington does NOT collect sales tax. Applicants will be required to add 'Wellington' to their list of locations (sites) on the Colorado Department of Revenue website . | | |
| FREQUENCY OF FILING: <input type="checkbox"/> Monthly (if tax is more than \$300 per month) <input type="checkbox"/> Quarterly (if tax is less than \$300 per month) <input type="checkbox"/> Annually (if tax is less than \$100 per month) | SEASONAL BUSINESS (Check each month open for business): <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May | <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December |

| | | | |
|--|--------|---------------------|--------------|
| OWNERSHIP INFORMATION: | | | |
| TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Requires copy of proof of ID and Affidavit of Lawful Presence – See page 4) <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) | | | |
| LOCAL CONTACT: | TITLE: | LOCAL PHONE / CELL: | LOCAL EMAIL: |
| NAME: | TITLE: | PHONE / CELL: | EMAIL: |
| NAME: | TITLE: | PHONE / CELL: | EMAIL: |
| PREFERRED METHOD OF COMMUNICATION: <input type="checkbox"/> Phone <input type="checkbox"/> Email | | | |

| | | |
|--|-------------|-------------|
| FIRE DEPARTMENT INFORMATION: <u>After hours</u> emergency contact list | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--|--|
| DAYCARE PROVIDER: Please attach a copy of your State License | |
| NUMBER OF CHILDREN LICENSED TO CARE FOR: | |
| DATE OF INSPECTION FROM COUNTY HEALTH DEPARTMENT: | |
| DATE OF INSPECTION BY WELLINGTON FIRE PROTECTION DISTRICT: | |

| | | |
|---|---------------|-------|
| SIGNATURE: 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 SIGNATURE: | PRINTED NAME: | DATE: |



Town of Wellington Business License Application

| | | | |
|---|-------------|-------------------|--|
| HOME OCCUPATION REGISTRATION If the business is conducted in a private Wellington residence, a Home Occupation Registration must be completed. | | | |
| PLEASE SPECIFY THE PRIMARY ACTIVITIES CONDUCTED BY YOUR BUSINESS IN YOUR HOME: | | | |
| LAST NAME: | FIRST NAME: | PHONE NUMBER: | EMAIL ADDRESS: |
| PHYSICAL ADDRESS: | | CITY, STATE, ZIP: | ZONING DISTRICT: <small>See Town of Wellington Zoning Map</small> |
| QUESTIONNAIRE: Please initial that you understand and comply with the following statements as part of the requirements for a Home Occupation Business in a residential district under the Wellington Municipal Code Section 16-12-10 . | | | |
| Customers and clients of my business will conduct business ENTIRELY between the hours of 8:00 am and 9:00 pm (6:00 am – 9:00 pm for Childcare Businesses) | | | |
| I do not have any employees working in my residence that live outside of my home. | | | |
| The PRIMARY use of the premise is as a home and not as a business and does not change the dwelling's character. | | | |
| My business does not exceed one-half (1/2) of the floor area of the premise. | | | |
| There is no exterior advertising other than the identification of the Home Occupation. <small>(Residential signs – Wall signs or freestanding signs shall be no larger than 4 sq. ft.)</small> | | | |
| I will not be conducting the sale of stocks, supplies, or products on the premises. | | | |
| There is no exterior storage on the premises of materials or equipment used as part of the Home Occupation. | | | |
| Conducting my business will not cause offensive noise, vibration, smoke, dust, odors, heat, or glare noticeable at or beyond the premise property line. | | | |
| I have at least two (2) off-street parking spaces adequate to accommodate all needs created by the Home Occupation. | | | |
| SIGNATURE: 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. | | | |
| APPLICANT SIGNATURE: | | | DATE: |

| | |
|--|-------------------|
| LANDLORD STATEMENT: | |
| PROPERTY PHYSICAL ADDRESS: | CITY, STATE, ZIP: |
| TENANT NAME: | |
| BUSINESS OWNER 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 of 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: |



Town of Wellington Business License Application

SUBMISSION INSTRUCTIONS:

- Email your completed application to licensing@wellingtoncolorado.gov.
 - Payments can be made by cash or check (made payable to Town of Wellington) to:
Town of Wellington
Attn: Business Licensing
PO Box 127
Wellington, CO 80549

Or dropped off in person to:
Town of Wellington Municipal Services Building
8225 3rd Street
Wellington, CO 80549
 - For questions regarding your application, please contact the Town of Wellington at (970) 568-3381 or via email to licensing@wellingtoncolorado.gov.
-