TOWN OF WELLINGTON

20 ____ Business License Application
General Business

APPLICATION INSTRUCTIONS:

1. The Town of Wellington does NOT collect sales tax. Applicants will be required to add 'Wellington to their list of locations (sites) on the | Department of Revenue Add Locations (Sites) to Your Sales Tax Account Website.
2. Fees for applications will not be assessed for payment until review is completed by the Town.
3. Inspections may be required by Wellington Fire Protection District and the Town's Planning and Building and/ or Public Works Department.
4. Applications and supporting documents can be submitted;
    a. By email to Business.licensing@wellingtoncolorado.gov
    b. Mailed or submitted in person to Municipal Services Building at 8225 Third Street Wellington, CO 80549.
    c. Through Community Core web-based portal.

A. APPLICANT INFORMATION (All Applicants):		
1. APPLICANT NAME:	APPLICANT EMAIL:	APPLICANT PHONE:

☐ General Business License ☐ Home Occupation ☐ Home Occupation Child Care ☐ Home Occupation Cottage Food
☒ Renewal ☐ Mobile Food Vendor / Mobile Vendor
☒ New Registration

All applications are subject to the requirements of general licensure (WMC Ch. 6, Art. 2) and require a $25.00 fee (Wellington Fee Schedule).

2. BUSINESS NAME:	3. TRADE NAME (Doing Business As):
4. APPLICANT'S FEDERAL EMPLOYER ID (FEIN) OR SOCIAL SECURITY NUMBER:	
5. TAXPAYER NAME (Owner(s), Partner(s), or Corporation Name):	
6. TAXPAYER PHONE:	7. TAXPAYER EMAIL:
8. BUSINESS PHYSICAL ADDRESS (If mobile business, list address of registration):	CITY, STATE, ZIP:
9. BUSINESS MAILING ADDRESS:	CITY, STATE, ZIP:

10. BUSINESS PHONE:	11. BUSINESS EMAIL:	12. BUSINESS WEBSITE:

B. OWNERSHIP INFORMATION (All Applicants):

1. TYPE OF OWNERSHIP:
☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Non-Profit 501(c)(3) ☐ Other Non-Profit ☐ Other _____

COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER (Use additional sheet, if necessary)

1.LOCAL CONTACT:	LOCAL TITLE:	LOCAL PHONE / CELL:	LOCAL EMAIL:
2.NAME:	TITLE:	PHONE / CELL:	EMAIL:

C. LOCAL PARTY EMERGENCY INFORMATION (All Applicants): After-hours emergency contact list for Fire District

1. CONTACT NAME:	TITLE:	HOME PHONE:	CELL PHONE:
2. CONTACT NAME :	TITLE:	HOME PHONE:	CELL PHONE:

D. STATE OF COLORADO SALES TAX (All Applicants):

1. DO YOU CHARGE YOUR CUSTOMER SALES TAX OR ARE YOU REQUIRED TO REPORT SALES TAX TO THE STATE OF COLORADO?
☐ Yes - If 'Yes,' Complete State Sales Tax Information on page 2 is ***Mandatory*** per (WMC Sec. 6-2-110)
☐ No

STATE OF COLORADO SALES (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.** Wellington Jurisdiction Code: 06-0082	6. TAX ID NUMBER: _____ ***Include a CURRENT Copy of Sales Tax License listing Town of Wellington with application***

E. GENERAL BUSINESS INFORMATION (All Applicants):

1. PLEASE PROVIDE DETAILED STATEMENT SPECIFYING THE PRIMARY ACTIVITIES CONDUCTED BY YOUR BUSINESS **AT THE PHYSICAL LOCATION LISTED ABOVE**:

1a: TYPE OF BUSINESS: (Check all that apply)

☐ Auction / Pawnbroker / Secondhand Dealer	☐ Real Estate	☐ Mobile Food Vendor
☐ Communications / Telecom / Internet	☐ Restaurant	☐ Wholesale
☐ Construction	☐ Brewery / Distillery	☐ Manufacturing
☐ Finance / Banking	☐ Retail Vendor	☐ E-Commerce / Internet Sales
☐ Insurance	☐ Service Provider	☐ Home Occupation
☐ Peddler / Solicitor	☐ Technical / Scientific	☐ Office Only
☐ Franchise	☐ Mobile Home Park	☐ Sanitation Services
	☐ Lodging / Entertainment	☐ Professionally Licensed Service

2. THIS BUSINESS:
☐ Is in a private Wellington residence that is OWNED by the applicant ***(Home Occupation Registration is required – see page 3)***
☐ Is in a private Wellington residence that is LEASED by the applicant ***(Home Occupation Registration & Landlord Statement are required – see page 3)***
☐ Is in a commercial building. (***Commercial Building Requirements – see page 2***)
☐ Has no physical location in Wellington

2. SQUARE FEET OF WELLINGTON LOCATION:	2a. NUMBER OF FLOORS:	2b. NUMBER OF EMPLOYEES (include self): Full Time: _____ Part Time: _____

3. DO YOU HAVE OTHER LOCATIONS IN WELLINGTON?
☐ No
☐ Yes If 'Yes," a separate application must be completed for each business location WMC Sec. 6-2-40

3a. YEARS AT CURRENT LOCATION:	3b. PREVIOUS LOCATION (CITY, STATE, ZIP):

F. COMMERICAL PROPERTY ONLY (All Businesses on Physical Properties Zoned Commercial [I, LI, C-1, C-2, or C-3] – See Town of Wellington Zoning Map):

1.PROPERTY ZONING CATEGORY:	☐ Community Commercial C-1 ☐ Downtown Commercial C-2	☐ Mixed-Use Commercial C- 3 ☐ Light Industrial L1	☐ Industrial I

LIST ALL BUILDING OWNER(S) BELOW:
☐ Check here if the *business* owner and *building* owner are the SAME

2 .NAME:	TITLE:	PHONE / CELL:	EMAIL:
. NAME:	TITLE:	PHONE / CELL:	EMAIL:
NAME:	TITLE:	PHONE / CELL:	EMAIL:

3.. PROPOSED OCCUPANCY	3b. PREVIOUS OCCUPANCY	3c. PROPOSED OCCUPANT LOAD	

3d. ARE THERE ANY PROPOSED ALTERATIONS OR REMODELING?
☐ Yes - If Yes complete item 4.
☐ No

4. (If yes to 3d) PROVIDE A DESCRIPTION OF PROPOSED REMODELING OR ALTERATIONS

5. Are there any hazardous materials (covered by the most currently adopted Fire Code) stored or sold at this location?
☐ Yes
☐ No

6. DO YOU HAVE A BACKFLOW DEVICE AT YOUR LOCATION?
☐ Yes - *Have you submitted your annual backflow device testing report to Public Works? Date submitted to the BSI Portal (click here)*: _____
☐ No

7. .DO YOU HAVE AN IN-GROUND INTERCEPTOR (GREASE, SAND, OIL) AT YOUR LOCATION?
☐ Yes – *What is the size of the interceptor (gallons)?*_____ *- Sites with interceptors are required to maintain three years of pumping records. WMC Sec. 13-1-510*
☐ No

8. . HOURS OF OPERATION:	MON	TUES	WED	THURS	FRI	SAT	SUN
	☐ CLOSED	☐ CLOSED	☐ CLOSED	☐ CLOSED	☐ CLOSED	☐ CLOSED	☐ CLOSED

G. HOME OCCUPATION ONLY: If the business is conducted in a private Wellington residence, a Home Occupation Registration must be completed (WMC Sec. 15-4-30).			
1. TOWN OF WELLINGTON ZONING DISTRICT: See Town of Wellington Zoning Map :			
2. PLEASE SPECIFY THE PRIMARY ACTIVITIES CONDUCTED BY YOUR BUSINESS IN YOUR HOME:			
3. FIRST NAME:	LAST NAME:	PHONE NUMBER:	EMAIL:
4. PHYSICAL ADDRESS:		4a. CITY, STATE, ZIP:	

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 15-4-30.	INITIAL REQUIRED
5. Customers and clients of my business will conduct business **ENTIRELY** between the hours of 8:00 am and 9:00 pm (excludes Family Child Care Home as defined by state statute)	
6. I do not have any employees working in my residence that live outside of my home.	
7. The **PRIMARY** use of the premise is as a home and not as a business and does not change the dwelling's character.	
8. My business does not exceed one-half (1/2) of the floor area of the premise.	
9. There is no exterior advertising other than the identification of the Home Occupation. (Residential signs – Wall signs or freestanding signs shall be no larger than 4 sq. ft.)	
10. I will not be conducting the sale of stocks, supplies, or products on the premises.	
11. There is no exterior storage on the premises of materials or equipment used as part of the Home Occupation.	
12. Conducting my business will not cause offensive noise, vibration, smoke, dust, odors, heat, or glare noticeable at or beyond the premise property line.	
13. I have and will maintain additional off-street parking areas adequate to accommodate all needs created by the Home Occupation.	

SIGNATURE:
If granted, I/We the undersigned, agree to comply with the Wellington Municipal Code Section 15-4-30 and any other stipulations as required by the Wellington Land Use Code. 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:

H. LANDLORD STATEMENT (All Applicants Renting or Leasing Property of Business Physical Address within the Town of Wellington)	
1. PROPERTY PHYSICAL ADDRESS:	CITY, STATE, ZIP:
2. TENANT NAME:	RELATIONSHIP TO TENANT:
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 OF PROPERTY OWNER OF RECORD:	DATE:
PRINTED NAME OF PROPERTY OWNER OF RECORD:	PHONE NUMBER:

APPLICANT AFFIDAVIT:

This application has been examined by me and 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 this document may contain information releasable under the Colorado Open Records Act if deemed necessary by the appropriate authority. Furthermore, I understand that any business, tax, or other license issued by the Town does not allow me to conduct or maintain any business, occupation, or activity prohibited by law. I affirm that all actions of the business will fully comply with the same, and I understand that fines, probation, and other legal action may be levied against me or my business by the Town of Wellington or other such appropriate governing entities for failures to comply. I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

APPLICANT SIGNATURE:	PRINTED NAME:	DATE: