20 ___ Special Business License Application (B)
Auctioneer, Secondhand, Trash Collector, Pawnbroker and Mobile Home Park

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:

☐ Auctioneer / Secondhand ($100.00) ☐ Trash Collector ($500.00 before July 1, $5.00 after July 1) ☐ Pawnbroker ($500.00 bond)

☐ Mobile Home Park ($150.00 + $5.00 for each unit) ☐ General Business License $25.00

SPECIAL ISSUANCE BUSINESS (Defined by Ch. 6, Articles 3 – 7 of the WMC or WMC Sec. 15-4-30 – fees listed are in addition to the $25.00 required for general licensure. Select all that apply:

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 _____

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

1.LOCAL CONTACT NAME:	2. LOCAL TITLE:	3. LOCAL CELL:	4. LOCAL EMAIL:

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***

D. GENERAL BUSINESS INFORMATION (All Applicants):

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

1a: TYPE OF BUSINESS: (Check all that apply)	☐ Auction ☐ Pawnbroker	☐ Sanitation Services ☐ Mobile Home Park	☐ Secondhand Dealer

2. THIS BUSINESS:

☐ Is in a private Wellington residence that is OWNED by the applicant
☐ Is in a private Wellington residence that is LEASED by the applicant
☐ Has no physical location in Wellington
☐ Is in a commercial building.

2a. SQUARE FEET OF WELLINGTON LOCATION:	2b. NUMBER OF FLOORS:	2c. 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):

J. MOBILE HOME PARK INFORMATION ONLY

1. DOES THE APPLICANT HAVE A 10% OR MORE EQUITY INTEREST IN ANY OTHER BUSINESS?

☐ Yes – *Provide financial statements from such businesses and personal financial statements with application*

☐ No – *Provide personal financial statements with application*

2. PROPOSED NAME OF MOBILE HOME PARK:

3. AFFIRMATION OF COMPLIANCE WITH THE TOWN OF WELLINGTON MUNICIPAL CODE, LAND USE CODE, AND BUILDING REGULATIONS: I, the applicant, hereby affirm that the mobile home park referenced in this application will be subject to and will comply with the Town of Wellington's Municipal Code regarding Business Licensing for Mobile Home Parks (WMC Ch. 6, Art. 4), the Town's Land Use Code (WMC Ch. 15), and the Town's Building Regulations (WMC Ch. 18)	Applicant Initials: _____
4. ACKNOWLEDGEMENT OF REVIEW BY PLANNING COMMISSION AND/OR BOARD OF TRUSTEES: I, the applicant, hereby acknowledge that this application will be reviewed by the Planning Commission with a recommendation from the Town Administrator/Clerk in accordance with WMC Sec. 6-4-40 and that I am required to appear before the Planning Commission to answer questions presented by the same. Further, I understand that if this application is denied by the Planning Commission that it will be referred to the Board of Trustees for further consideration	Applicant Initials: _____

K. PAWNBROKER INFORMATION ONLY

1.AFFIRMATION OF COMPLIANCE WITH THE TOWN OF WELLINGTON MUNICIPAL CODE: I, the applicant, hereby acknowledge that the business referenced in this application will be subject to and will comply with the Town of Wellington's Municipal Code regarding Business Licensing for Pawnbrokers (WMC Ch. 6, Art. 5)	Applicant Initials: _____
2. ACKNOWLEDGEMENT OF REVIEW BY BOARD OF TRUSTEES AND INSPECTIONS: I, the applicant, hereby acknowledge that this application will be reviewed by the Board of Trustees accompanied by a recommendation of the Town Administrator/Clerk in accordance with WMC Sec. 6-5-40 and that the referenced business may be subject to inspections by the Town Administrator/Clerk and or designated law enforcement officials (Applicant Initials):	Applicant Initials: _____

L. SECONDHAND DEALER INFORMATION ONLY

1. AFFIRMATION OF COMPLIANCE WITH THE TOWN OF WELLINGTON MUNICIPAL CODE: • I, the applicant, hereby acknowledge that the business referenced in this application will be subject to and will comply with the Town of Wellington's Municipal Code regarding Business Licensing for Secondhand Dealers (WMC Ch. 6, Art. 6) – (Applicant Initials):	Applicant Initials: _____

M. TRASH COLLECTOR / TRASH HAULER INFORMATION ONLY

1. AFFIRMATION OF COMPLIANCE WITH THE TOWN OF WELLINGTON MUNICIPAL CODE: I, the applicant, hereby acknowledge that the business referenced in this application will be subject to and will comply with the Town of Wellington's Municipal Code regarding Business Licensing for Trash Collectors (WMC Ch. 6, Art 7) – (Applicant Initials):	Applicant Initials: _____
2. ACKNOWLEDGEMENT OF REVIEW BY BOARD OF TRUSTEES AND INSPECTIONS: • I, the applicant, hereby acknowledge that this application will be reviewed by the Board of Trustees in accordance with WMC Sec. 6-7-20 (Applicant Initials):	Applicant Initials: _____

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: