



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.

Business Information <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	
General Business Information	†TYPE OF BUSINESS (Check all that apply) Contractors must provide a copy of liability insurance				
	<input type="checkbox"/> Communications / Telecom <input type="checkbox"/> Construction <input type="checkbox"/> Finance/Leasing/Banking	<input type="checkbox"/> Insurance / Real Estate <input type="checkbox"/> Internet <input type="checkbox"/> Professional <input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Technical / Scientific <input type="checkbox"/> Mobile Vendor	<input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Office Only <input type="checkbox"/> Home Occupation	
	†SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED:				
	†THIS BUSINESS: <input type="checkbox"/> Is in a private Wellington residence that is owned by applicant (<i>Home Occupation Registration is required – see Page 3</i>) <input type="checkbox"/> Is in a private Wellington residence and is leased by applicant (<i>Home Occupation Registration & Landlord Statement are required – see Page 3</i>) <input type="checkbox"/> Is in a commercial building <input type="checkbox"/> Has no physical location in Wellington				
†SQ. FT OF WELLINGTON LOCATION		†NUMBER OF EMPLOYEES (include self) Full time _____ Part time _____	NUMBER OF FLOORS		
Locations	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)			
Other	†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? <input type="checkbox"/> No Skip to page 3 and 4 and complete all that may apply. <input type="checkbox"/> Yes Sales Tax License is Required. Complete page 2 (Mandatory per WMC Sec. 6-2-110), and pages 3 and 4 if applicable.				

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'S SIGNATURE	†PRINTED NAME	†DATE

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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.

Filing Information	†STATE OF COLORADO SALES TAX NUMBER (For all retail & exempt businesses)	IF BUSINESS IS SEASONAL, CHECK EACH MONTH OPEN FOR BUSINESS: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
	Jurisdiction Code	
	†FILING FREQUENCY OF SALES TAX: <input type="checkbox"/> Monthly (if tax is <i>more</i> than \$300 per month) <input type="checkbox"/> Quarterly (if tax is <i>less</i> than \$300 per month) <input type="checkbox"/> Annually (if tax is <i>less</i> than \$100 per month)	

Ownership Information	†TYPE OF OWNERSHIP <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) <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	

Fire Department Information	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Day Care Provider	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 _____

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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 _____ Physical Address _____ Phone number _____ 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.		
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'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	

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Lawful Presence of Affidavit	†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 <input type="checkbox"/> Colorado ID card <input type="checkbox"/> Military IDs <input type="checkbox"/> Coast Guard mariner document <input type="checkbox"/> Native American tribal document			
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.			
†APPLICANT'S SIGNATURE			†DATE

Office Use Only	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:					