



Town of Wellington

20__ Business License Application

IMPORTANT NOTES BEFORE COMPLETING THIS FORM:

- We encourage all businesses seeking a business license to schedule a meeting with our Community and Business Liaison. You can schedule a meeting by emailing Kallie Cooper at cooperka@wellingtoncolorado.gov.
- Completed applications can be emailed to licensing@wellingtoncolorado.gov.
- Business may not be conducted until your Business License has been issued.
- You must attach a copy of a valid form of identification (see page 4) to your application.
- **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: * If your business is located within the Town of Wellington limits, fields will be included along with the business name on the Town of Wellington Business Directory .		
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			



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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 .		JURISDICTION CODE: Wellington - 06-0082
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:



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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: See Town of Wellington Zoning Map	
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. (Residential signs – Wall signs or freestanding signs shall be no larger than 4 sq. ft.)			
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:



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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 State pursuant to Federal law.	
Per HB 06S-1023, you MUST provide a copy of ONE of the following forms of ID (please check which is attached):	
<input type="checkbox"/> Colorado Driver's License <input type="checkbox"/> Colorado ID Card <input type="checkbox"/> Military ID <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 SIGNATURE:	DATE:

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 our Licensing Department at 970-657-3486 or via email to licensing@wellingtoncolorado.gov.

FOR OFFICE USE ONLY:

DATE ISSUED:	LICENSE NUMBER:
AMOUNT PAID:	CHECK NUMBER:
REVIEW: Please E-Sign this document upon review of the attached files.	
ADMINISTRATIVE SIGNATURE:	DATE:
BUILDING AND PLANNING DEPARTMENT:	DATE:
WELLINGTON FIRE PROTECTION DISTRICT:	DATE: