



# APPLICATION FOR PAWNBROKER LICENSE

1551 N 17<sup>th</sup> Ave  
Greeley, CO 80631  
970.350.9630  
970.304.6505 fax

PAWNBROKER APPLICATION ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

## GENERAL INFORMATION

- 1. Name of business: \_\_\_\_\_
- 2. Trade name of establishment (d/b/a): \_\_\_\_\_
- 3. Address of premises: \_\_\_\_\_
- 4. Business telephone: \_\_\_\_\_
- 6. Applicant is a:  
 Sole Proprietorship       Partnership  
 Corporation               Limited Liability Company

## SOLE PROPRIETORSHIP INFORMATION

- 7. If sole proprietorship, list name, address, and date of birth of proprietor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARTNERSHIP INFORMATION

- 8. If partnership, list name, address, and date of birth of partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIMITED LIABILITY INFORMATION

- 9. If limited liability company, list name, address, and date of birth of members and manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CORPORATION INFORMATION**

10. If corporation, list name: \_\_\_\_\_

11. If corporation, list names, addresses, and dates of birth of:

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

Director \_\_\_\_\_

Director \_\_\_\_\_

12. List all stockholders owning 10% (or more) of the issued stock:

Name	Address	Date of Birth	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. If stock is pledged, state name and address of person or entity to whom pledged and terms thereof. If additional space is needed, use separate sheet. Attach copies of articles of incorporation and certificate of good standing from the State of Colorado. (If new corporation, attach certificate and articles of incorporation and organizational minutes.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List any other persons who have a direct or indirect financial interest in this business and the percentage of their interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Has the corporation, any officer, director, manager, stockholder owning or controlling 10% or more of the corporation, member, entity, or person having an interest in the business been adjudicated bankrupt, entered into a "Wage-Earner Plan" pursuant to Chapter XIII of the Federal Bankruptcy Act, or made a general assignment for the benefit of creditors during the past three years?

( ) Yes ( ) No If yes, please explain on separate sheet.

14. Has a judgment based on fraud ever been entered against the applicant, manager, partner, officer, director, or stockholder?

( ) Yes ( ) No If yes explain.

\_\_\_\_\_  
\_\_\_\_\_

15. Has the applicant, manager, partner, officer, director, or stockholder ever held a pawnbroker's license?

Yes ( ) ( ) No If yes, complete the following.

Name of licensee: \_\_\_\_\_

Relationship to this applicant: \_\_\_\_\_

Dates licensee was held: \_\_\_\_\_

City and state where license was held: \_\_\_\_\_

16. Has the applicant, manager, partner, officer, director, or stockholder ever been denied a pawnbroker license?

( ) Yes ( ) No

17. Name of person denied a license: \_\_\_\_\_

18. Relationship to this applicant: \_\_\_\_\_

19. Date of denial: \_\_\_\_\_

20. City and state where denied: \_\_\_\_\_

21. Reason for denial: \_\_\_\_\_

22. Has the applicant, manager, partner, officer, director, or stockholder ever had a pawnbroker license suspended or revoked?

( ) Yes ( ) No If yes, complete the following:

Name of person with suspended or revoked license: \_\_\_\_\_

Relationship to this applicant: \_\_\_\_\_

Dates of suspension or revocation: \_\_\_\_\_

City and state of suspension or revocation: \_\_\_\_\_

Reason for suspension or revocation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

23. State purchase price and/or terms of lease: \_\_\_\_\_  
\_\_\_\_\_

24. Attach a copy of mortgage agreement, deed, or lease.

25. Cash to be invested:

By Whom	Bank & Account #	Amount-Source	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

26. Complete the following on all business loans obtained. Attach copies of loan agreements

By Whom	Bank & Account #	Amount-Source	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

27. List account name, bank, bank address, account number, and the names of all authorized signatories on all business accounts:  
\_\_\_\_\_  
\_\_\_\_\_

28. Is there a written management agreement: ( ) Yes ( ) No

29. Is there a written partnership agreement? ( ) Yes ( ) No

30. Attach copies of all written agreements. If there are no written agreements or contracts, a statement must be provided detailing the oral agreements.

**PROPERTY INFORMATION**

31. Is the building owned or leased?

32. Name and address of the owner of the building in which the premises is located:  
\_\_\_\_\_  
\_\_\_\_\_

33. Is the land owned or leased? \_\_\_\_\_

34. Name and address of the owner of the land upon which the building is located:  
\_\_\_\_\_  
\_\_\_\_\_

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

- 35. Attach a copy of deed, lease, or other document showing applicant's right to possession of premises.
- 36. Name of applicants insurance company, agent, policy number, and effective date of policy:

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APPLICATION FOR  
PAWNBROKER LICENSE

1551 N. 17<sup>th</sup> Ave  
Greeley, CO 80631  
970.350.9630  
970.304.6505 fax

ZONING REVIEW / OCCUPANCY CERTIFICATE

GENERAL INFORMATION

Name of business: \_\_\_\_\_

Trade name of establishment (d/b/a): \_\_\_\_\_

Address of premises: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Applicant is a:

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation \_\_\_\_\_ Limited Liability Company

TO BE COMPLETED AND SIGNED BY COMMUNITY DEVELOPMENT DEPARTMENT

Community Development 1100 10<sup>th</sup> Street, Greeley, CO 80631  
Phone: 970.350.9780 Fax: 970.350.9800

Zoning \_\_\_\_\_ Use by Right \_\_\_\_\_

Lawful Non-conforming \_\_\_\_\_

Comments: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED AND SIGNED BY INSPECTION DIVISION

Building Inspection 1100 10<sup>th</sup> Street, Suite 114, Greeley, CO 80631  
Phone: 970.350.9830 Fax: 970.350.9844

Certificate Issued \_\_\_\_\_ Date \_\_\_\_\_

Occupancy Certificate Not Required or Previously Issued \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



APPLICATION FOR LICENSE

1551 N 17th Ave
Greeley, CO 80631
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AUTHORITY FOR RELEASE OF INFORMATION

Name (Last) (First) (Middle)

Sex Date of Birth Month/Day/Year

I, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Greeley, Greeley Police Department, or Private investigator working as an agent of the City of Greeley for purposes of the application, whether the said records are of Criminal Justice, public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, whosoever located.

I understand that all information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the City of Greeley, Finance Department. I understand that all materials pertaining to this background investigation become the property of the City of Greeley, Finance Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof. MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this day of

Notary Public

Expiration Date

(Notary Seal)



# CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

GREELEY, CO 80631

(970) 350-9733 FAX (970) 350-9736

<http://www.greeleygov.com>

## APPLICATION FOR SALES TAX / USE TAX

NO LICENSE FEE IS REQUIRED. THE GREELEY SALES/USE TAX RATE IS 3.46%

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Year company was founded: \_\_\_\_\_ Length of time at this location \_\_\_\_\_  
 Is this the headquarters for this company?      Y              N

### BUSINESS DESCRIPTION

Please provide a detailed description of the nature of business (products sold and services provided):

NAICS Code: \_\_\_\_\_

If you do not know your NAICS code, please check which best describes your business activity:

- Agriculture     Utilities     Construction     Manufacturing     Wholesale Trade
- Retail Trade     Transportation, Warehousing     Information     Real Estate, Rental, & Leasing
- Professional     Health Care     Accommodation, Food Services
- Other: \_\_\_\_\_

Type of Ownership (Select Only One):

- Sole Proprietor     LLC     Partnership     Corporation     LLP     Other \_\_\_\_\_

Name of Owner (s): \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Filing Frequency:

- Monthly (tax collected is over \$50/month)       Quarterly (tax collected is \$25.00-\$49.99/month)
- Annual (tax collected is less than \$25/ month)

### MAILING AND CONTACT INFORMATION

Sales/Use Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Started or Date Business Will Open: \_\_\_\_\_

Name of Former Owner (If Purchasing Existing Business): \_\_\_\_\_

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are, to the best of my knowledge and beliefs, are true, correct and complete.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE ONLY:**

ACCT # \_\_\_\_\_ GEO: \_\_\_\_\_ PROP ID: \_\_\_\_\_ SQ. FT. \_\_\_\_\_





## CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

GREELEY, CO 80631

(970) 350-9733 FAX (970) 350-9736

<http://www.greeleygov.com>

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### APPLICATION FOR SALES TAX / USE TAX INSTRUCTIONS

#### GENERAL INFORMATION:

- \* If the business or home occupation has a physical location within the City limits of Greeley, a Sales/Use Tax License/Zoning Review/Occupancy Certificate check-off list must be completed and signed by the Community Development and Building Inspection departments. These departments are located at 1100 10th Street, Greeley, CO 80631. There are no charges for these services and there is no sales/use tax license fee required.
- \* If the business is a City of Greeley sewer user, the Commercial Sewer User Classification Questionnaire must be completed.
- \* Return the completed and signed application, the completed and signed check-off list (if applicable) and sewer questionnaire (if applicable) to the following address: City of Greeley, Finance Department, 1000 10th Street, Greeley, CO 80631

#### BUSINESS INFORMATION:

- \* Please provide the information indicated, and include area codes when listing telephone numbers.

#### BUSINESS DESCRIPTION:

- \* If you know the North America Industry Classification System (NAICS) code, for your business fill in the blank. Provide a detailed description of your business, including products sold and services provided. Check the box best describing your business.
- \* Type of Ownership:
  - Sole Proprietorship: Business is owned and operated by a single individual.
  - LLC: Limited Liability Company - combines the tax attributes of a partnership with the attributes of a corporation for liability purposes. An LLC may have one or several members and is created by filing "Articles of Organization" with the Secretary of State
  - Partnership: Business is owned by two or more individuals or other business entities.
  - Corporation: "C" Corporation - A legal entity existing separately from the parties creating the entity. "Articles of Incorporation" are filed with the Secretary of State and bylaws are adopted.
  - LLP: Limited Liability Partnership or Limited Liability Limited Partnerships (LLLLP) - Legal Limited Liability Partnership Act (7/1/95) created a legal structure similar to S Corp and a LLC. A "Registration Statement" is filed with the Secretary of State.
  - Other: Please select this category, and give a brief description if the entity is a Subchapter S ("S") Corporation, a Limited Partnership Association, or a Nonprofit Organization or any other type of ownership.

#### MAILING AND CONTACT INFORMATION:

Please provide the requested information, even if it is the same as the business information. If this is a new business, or an existing business was purchased, and is physically located in Greeley, the applicant will need to file an Initial Use Tax return, and pay any applicable use tax.

**CITY OF GREELEY, COLORADO**  
**SALES TAX LICENSE / ZONING REVIEW / OCCUPANCY CERTIFICATE**

**CHECK-OFF LIST**

***A) TO BE COMPLETED BY APPLICANT:***

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION (not PO BOX) \_\_\_\_\_

SAME AS RESIDENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

PHONE NO \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

**TYPE OF  
BUSINESS** \_\_\_\_\_

**PLEASE CHECK CORRECT ONE AND BRIEFLY DESCRIBE ACTIVITY**

SALES \_\_\_\_\_ SALES & SERVICE \_\_\_\_\_ SERVICE \_\_\_\_\_

MANUFACTURING \_\_\_\_\_ OTHER \_\_\_\_\_

ACTIVITY:

\_\_\_\_\_  
\_\_\_\_\_

***B) TO BE COMPLETED AND SIGNED BY COMMUNITY DEVELOPMENT DEPARTMENT***

**Community Development 1100 10<sup>th</sup> Street, Greeley, CO 80631 Phone: (970) 350-9780  
Fax: (970) 350-9800**

ZONING \_\_\_\_\_ USE BY RIGHT \_\_\_\_\_

LAWFUL NON-CONFORMING \_\_\_\_\_

HOME OCCUPATION \_\_\_\_\_

MEETS HOME OCCUPATION REQUIREMENT \_\_\_\_\_

OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

***C) TO BE COMPLETED AND SIGNED BY INSPECTION DIVISION***

**Building Inspection 1100 10<sup>th</sup> Street, Suite 114, Greeley, CO 80631 Phone: (970) 350-9830 Fax: (970) 350-9844**

CERTIFICATE ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

OCCUPANCY CERTIFICATE NOT REQUIRED OR PREVIOUSLY ISSUED

\_\_\_\_\_  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

# CITY OF GREELEY

## COMMERCIAL SEWER USER CLASSIFICATION QUESTIONNAIRE

When a business is opened or changes hands, the sewer account is reviewed for proper billing classification. It is important that you fill out this questionnaire accurately and completely, to ensure your business is receiving the correct billing rate. Please return this questionnaire along with your Sales Tax License Application.

Name of Business:

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Short Business Description:

---

Contact Person:

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Is this a home-based business? \_\_\_\_\_yes\* \_\_\_\_\_no

*\*If yes, then please stop here and return the form.*

**Outside Landscape** square footage (this information is *very important* in establishing correct sewer billing information for commercial businesses.)

\_\_\_\_\_Less than 15,000 ft<sup>2</sup>      \_\_\_\_\_more than 15,000 ft<sup>2</sup>

Please read the following classifications to determine which class your business best fits, and check the appropriate one. If it does not fit into any of the following classes, then please explain:

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\_\_\_ **Class I:** includes retail stores, offices, car washes, cleaners, laundromats, schools, colleges, churches, beauty shops, financial institutions, membership organizations without dining facilities, motels without dining facilities, gas stations without repair, and bed and breakfasts that serve only a continental breakfast.

\_\_\_ **Class II:** includes bars and taverns without dining, service stations and garages with repair, animal clinics, hospital/convalescent homes, photo finishing, light manufacturing, coffee shops, convenience stores, and bed and breakfasts that cook a daily breakfast.

\_\_\_ **Class III:** includes restaurants, hotels with dining facilities, bars and taverns with dining, and membership organizations with dining.

\_\_\_ **Class IV:** includes food markets (grocery stores), butchers, bakers, and food manufacturing.

\_\_\_ **Class V:** includes mortuaries and miscellaneous heavy commercial manufacturing.

**If you have any questions, then please contact the City of Greeley Industrial Pretreatment Program at 970-350-9363. Thank you for your cooperation and assistance.**



## AFFIDAVIT OF LAWFUL PRESENCE

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

\_\_\_ I am a United States citizen, or

\_\_\_ \* I am a Permanent Resident of the United States, or

\_\_\_ \* I am lawfully present in the United States pursuant to Federal law.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*If Affiant affirms that he/she is either a Permanent Resident or otherwise lawfully present in the United States, please have Affiant complete the S.A.V.E. verification form and forward both forms to H.R. for verification of lawful presence in the S.A.V.E. program.

**For internal use only:**

### IDENTIFICATION PROVIDED

- \_\_\_ Current Colorado Driver's License or Permit
- \_\_\_ United States passport
- \_\_\_ Current Colorado Identification Card Issued by Department of Motor Vehicles
- \_\_\_ United States Military ID/Common Access Card
- \_\_\_ United States Military Dependent Identification Card
- \_\_\_ United States Coast Guard Merchant Mariner Card
- \_\_\_ Native American Tribal Document
- \_\_\_ Out of State DL/ID from any state except Alaska, Illinois, New Mexico, Utah, or Washington.
- \_\_\_ Out of State DL/ID that says "Enhanced"
- \_\_\_ Foreign passport with photo, US Visa, I-94
- \_\_\_ Certificate of Naturalization w/photo less than 20 years old
- \_\_\_ Certificate of Citizenship w/photo less than 20 years old

**For internal use only:**

### ALTERNATE I.D. REQUIREMENTS

If applicant can not produce one of the identification documents listed at left, please refer to Attachments A and B of the Department of Revenue's "Rules for Evidence of Lawful Presence" located at U:\City Attorney\Immigration

Questions? contact the City Attorney's office.

## S.A.V.E. VERIFICATION FORM

Pursuant to Section 24-76.5-103 of the Colorado Revised Statutes, the City of Greeley must verify that individuals who apply for public services from the City are lawfully present in the United States. If an Applicant executes the Affidavit stating that he or she is an Alien lawfully present in the United States, the City of Greeley must verify such lawful presence through the federal Systematic Alien Verification of Entitlement program ("SAVE program"). This verification program is operated by the United States Department of Homeland Security.

The following information is required in order for the City to perform the SAVE program verification. In addition, please affix to this form a legible copy of your identification or other documentation which demonstrates lawful presence in the United States.

**Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

- City Benefit requested:**
- Food Tax Rebate
  - Water and Sewer Department Rebate
  - Commercial/Professional License
  - Liquor License
  - Loan (including Historic Preservation loans)
  - Grant
  - Emergency Assistance

**For internal use only:**

Requesting Department \_\_\_\_\_  
Staff contact \_\_\_\_\_

Forward the Affidavit, SAVE Verification form, and copy of appropriate identification documents to H.R.

**H.R. use only:**

\_\_\_ S.A.V.E. verification performed  
    \_\_\_ Affiant is lawfully present in the United States  
    \_\_\_ Affiant is not lawfully present in the United States  
  
\_\_\_ Documents returned to originating Department.