

## City Application Check List

**Incomplete Applications WILL NOT be accepted.**

Applicants Must Include Pages 1 Through 4

### Application Form

- ☐ Complete the City of Loveland Local Application Form with City Application fee.
- ☐ Appropriate signature must be original.
- ☐ City Sales Tax, State Sales Tax number and FEIN (Federal Employer Identification Number) must have been applied for **prior to** submittal of application. Include a copy of each Sales Tax License.

### Payment for Local Licensing

- ☐ A check or Money Order must accompany the filing of a License Application.  
Please make Checks/Money Orders payable to "**City of Loveland**".

### Proof of Possession of Property

- ☐ Attach a copy of a Deed, Lease or Assignment of Lease (with consent and acceptance) in the name of the Applicant (**must** match name on application) covering entire proposed licensing period.
- ☐ Complete Affidavit of Measurement(s) to "Youth-Populated Area"
  - (For exception to "Youth-Populated Area" Distance Requirement) Affidavit and proof that tobacco sold for one-year prior to April 20, 2021.
- ☐ **All documents must be properly executed and signed by all parties involved.**

### Financial Documents

- ☐ Attach a copy of a Purchase Agreement or Stock Transfer Agreement.

### Diagram or Floor Plan

- ☐ Must be on 8 ½ x 11 paper, use separate sheet for each floor, please label each floor level.
- ☐ Include dimensions of perimeter of the area to be licensed outlined in RED.
- ☐ Include directional orientation (show North arrow) ↑
- ☐ Show the street closest to main entrance, name and address of establishment.
- ☐ Label all staircases, windows, doors, walls, bars, restrooms, entrances/exits & tobacco storage areas, etc.
- ☐ Provide proof of appropriate zoning, contact Planning Department (970-962-2523).
- ☐ Contact the following to determine any additional fire, building or municipal code requirements:
  - Fire Prevention Inspector (970-962-2497)
  - Building Department (970-962-2505)

**Failure to timely schedule necessary inspections may delay consideration of your application.**

### Corporations

- ☐ Attach Articles of Incorporation, authorization to do business in Colorado, or Certificate of Good Corporate Standing issued by the Colorado Secretary of State (valid if issued within two years of application date).

- ☐ Attach Minutes of Corporate meeting showing election of officers and directors, stock assignments and documentation showing permission to file an application for a tobacco license. The minutes must be certified by a corporate officer. An organization chart may be included for clarity.

### **LLC Applicant Information**

- ☐ Articles of Organization date stamped by Colorado Secretary of State provided.
- ☐ Operating Agreement provided.
- ☐ Certificate of Authority provided (if foreign company).

### **Partnership**

- ☐ Attach Partnership Agreement signed and notarized (general or limited) Partnership Agreement is not necessary for a married couple.
- ☐ Attach Dissolution of partnership, if applicable.

Completed application packets are to be filed with the City Clerk's Office. The Licensing Administrator will review the application; the Assistant City Attorney may also review the application. Any deficiencies in the application are reported to the applicant prior to the issuance of a license or denial of the application. The Police Department performs a background investigation and applicable City departments perform inspections and report their findings to the Licensing Administrator. Applicants will receive their license or a denial letter within thirty (30) days of submission of their completed application.

### **"Youth-Populated Area"**

Licensed premises are required to be 500 feet from a "Youth-Populated Area". The Loveland Municipal Code defines a "Youth-Populated Area" to include schools, libraries, playgrounds, recreation centers and more. For a more detailed list of areas included in a "Youth-Populated Area" please refer to Loveland Municipal Code Section 5.45.010(20).

### **License Issuance**

A public hearing is not required for the issuance of a license; however, the Licensing Administrator or Assistant City Attorney may request the applicant or representative appear at a public hearing for good cause.

**The Licensing Administrator will issue the local license to the applicant. It is the obligation of the applicant to communicate with the State and obtain the required State license.**

The applicant should obtain a copy of the Colorado Tobacco Code – print it off the State's Website at [sbg.colorado.gov/tobacco](http://sbg.colorado.gov/tobacco). Click on Laws & Rules. The City's website [lovgov.org](http://lovgov.org) also contains the State Administrative Procedures Act on the Tobacco Licensing page as well as forms and instructions.

### **Please Contact The City Of Loveland Clerk For Any Questions:**

**970-962-2000, option 9, or email [Clerk@cityofloveland.org](mailto:Clerk@cityofloveland.org)**

### **Yearly Renewal**

After the business is licensed for one year and every year thereafter, application for renewal of the license should be submitted to the City Clerk's Office **no later than 30 days prior to the expiration date**. A courtesy letter from the City will be sent to the licensee approximately 60 days prior to the expiration date. The annual fee of **\$400** should be made payable to the "City of Loveland." The fee must accompany the renewal application for approval by the Licensing Administrator.



## Local Application For Tobacco License

This application must be filed in the Office of the City Clerk, City of Loveland, 500 East 3<sup>rd</sup> Street, Suite 230, Loveland, CO 80537. ***Incomplete applications will not be accepted.***

Name of Entity (Must match Certificate of Good Standing): \_\_\_\_\_  
Trade Name (DBA/match Certificate of Trade Name): \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
Establishment manager: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing address (if different from business address): \_\_\_\_\_

The applicant(s) hereby applies to the City of Loveland Local Licensing Authority for a **Tobacco Product Retailer License to Sell Tobacco Products**. The applicant tenders the **\$400.00** fee payable to the **City of Loveland**.

In addition to this local application, an applicant must submit the other required documentation to the City Clerk's Office. Attach additional pages as necessary to fully explain your answers.

1. **Anticipated Opening Date:** \_\_\_\_\_
2. **Hours of Operation:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_
3. **Tobacco Retail Sales Training:** List history of training and current training certificates that are held by the applicant and employees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **Experience in Tobacco Sales:** Describe the applicant/owner/manager experience in the sale of tobacco products. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Age-Restricted Service**: Does this establishment have age-restricted entry? Please describe how staff will identify customers and determine ages. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Physically Non-Accessible Area**: Please describe how the tobacco products will be maintained in an area that is not accessible to customers. Please also describe how the establishment will require direct person-to-person transfer of tobacco products. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Electronic Smoking Device Advertisements**: Please describe potential placement of advertisement for any Electronic Smoking Devices throughout the premises. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. **Colorado Tobacco Code**: I affirm that a copy of the Colorado Tobacco Code (<https://sbg.colorado.gov/tobacco-enforcement-laws-rules-regulations>) and Title 5, Chapter 45 of the Loveland Municipal Code ([https://library.municode.com/co/loveland/codes/code\\_of\\_ordinances](https://library.municode.com/co/loveland/codes/code_of_ordinances)) have been, or will be printed or accessed online for use in operating my business.
9. **Additional Actions for the Licensed Premises**: I understand that the filing of a Local Report of Changes is required for any changes to the information in this application within 30 days of said change.

**Applicant/Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Affidavit of Measurement(s)

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ dba \_\_\_\_\_

Establishment Address: \_\_\_\_\_

## Distance To “Youth-Populated Area” Measurements

The distance to the “Youth-Populated Area” should be measured per Loveland Municipal Code Section 5.45.030(3)(d) and determined to be greater than 500 feet computed by direct measurement from the nearest property line of the parcel on which the “Youth-Populated Area” is located to the nearest portion of the property line of the parcel on which the Tobacco Product Retailer is located.

☐ The Tobacco Product Retailer can establish that it has been selling Tobacco Products in the proposed location for at least one year prior to April 20, 2021; and is therefore exempt from the distance requirement. Supporting documentation is attached and includes:

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By: \_\_\_\_\_

Date:

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_.

Name Title

Entity

Witness my hand and official seal.

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Notary Public

My Commission Expires:



# Sales Tax License Application

(970) 962-2708

Revenue Division  
500 East Third St., STE 110  
Loveland, CO 80537

FAX (970) 962-2927  
[salestax@cityofloveland.org](mailto:salestax@cityofloveland.org)  
[cityofloveland.org/salestax](http://cityofloveland.org/salestax)

**Loveland does not have a Business License. This application is for a sales tax license. \$20 application fee.**

<b>PART A - Registrant Information</b>	1) Legal/True Name of Business (Last, First if Individual)					<b>CITY USE ONLY</b>		
	2) Trade Name (Doing Business As) (If Applicable)							
	3) Location Street Address with Suite Number (No PO Boxes)					Acct		
	4) City					5) State	6) Zip Code	7) Federal Employer ID
<b>PART B - Address &amp; Contact Information</b>	9) Reason for Filing (check only one) <input type="checkbox"/> New Registration (Including registration of new location) <input type="checkbox"/> Update Information for License: _____ <input type="checkbox"/> Business Purchased or Merged (Complete Section D)					10) Legal Form (check only one): <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership (General or Limited) <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____		
	11) Location/Account Type (check only one): <input type="checkbox"/> Commercial (Including retail, office, and industrial locations) <input type="checkbox"/> Out of City Location(s) (proceed to line 17) <input type="checkbox"/> Catalogue or Internet Sales Account (proceed to line 17)							
	<b>Licensing Information</b>							
	12) Send <b>Licensing</b> Correspondence Care Of					13) Licensing Phone Number		14) Licensing E-mail Address
	15) Mailing Address for <b>Licensing</b> Correspondence							
	16) City					17) State	18) Zip Code	
	<b>Tax Compliance Information</b>							
	19) Send <b>Tax</b> Correspondence Care Of					20) Tax Compliance Phone Number		21) Tax Compliance E-mail Address
	22) Mailing Address for <b>Tax</b> Correspondence							
	23) City					24) State	25) Zip Code	
<b>Third Party Preparer Information</b>								
26) Preparer Name					27) Preparer Phone Number		28) Preparer E-mail Address	
29) Mailing Address for Third Party Preparer								
30) City					31) State	32) Zip Code		
33) Address where Tax Records may be Inspected (No PO Boxes)								
34) City					35) State	36) Zip Code		

**This form has 2 pages. Both pages must be completed. Incomplete applications will be returned.**

# Sales Tax License Application

Page 2

37) Legal/True Name of Business (From Part A, Line 1)	
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PART C - Officers	38) Name of principal officer, owner, partner, member, or manager		39) Telephone		40) Title	
	41) Address of principal residence		42) City		43) State	44) Zip Code
	45) Name of other officer, owner, partner, member, or manager		46) Telephone		47) Title	
	48) Address of principal residence		49) City		50) State	51) Zip Code
Additional officers, owners, partners, members, or managers may be included on attachments.						
PART D - Business Inception & Operations	52) Legal Name of Prior Registrant (if purchased or merged)			53) Prior FEIN (if available)		54) Purchase/Merge Date
	55) Start Date in Loveland	56) First Retail Date in Loveland				
	57) Internet Address http://		Number of Employees at this Location			
			58) FT	59) PT		
	60) Primary Business Type (check only one)					
	<input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing or Processing <input type="checkbox"/> Financial Institution <input type="checkbox"/> Wholesale <input type="checkbox"/> Professional or Service <input type="checkbox"/> Leasing <input type="checkbox"/> Hospitality or Entertainment <input type="checkbox"/> Construction <input type="checkbox"/> Government/Non-Profit					
61) Description of Goods Sold						
62) Requested Reporting Frequency						
<input type="checkbox"/> Monthly (Sales \$10,000/month) <input type="checkbox"/> Quarterly (Sales \$1,667-\$9,999/month) <input type="checkbox"/> Annually (Sales \$1,666/month)						

**Note: Issuance of the sales tax license does not supersede other City ordinances which may prohibit this type of business operation within the city limits of Loveland.**

**Signature of Registrant or Authorized Agent**

Under penalties of perjury, I declare that I have examined this sales tax license application and it is true and correct to the best of my knowledge & belief.



Signature

Date

Printed Name

Title