

Town of Silt



231 No. 7th Street / P.O. Box 70 / Silt, CO 81652  
Phone: 970-876-2353 / Fax: 970-876-2937

December 08, 2010

Dear Business Owner,

It's time again to renew your business license. The new year is almost here!

Enclosed you will find the applications required for 2011. Here are some guidelines for completing the forms:

- |                                   |   |  |
|-----------------------------------|---|--|
| Business License Application 2011 | - | Everyone   |
| Emergency Contacts                | - | Everyone   |
| Lawful Presence Affidavit         | - | Only businesses that are NOT incorporated or an LLC or LLP   |
| Sales Tax Application             | - | Every business that engages in the sale of goods   |
| Home Occupation Worksheet         | - | All businesses that conduct business from their home, or that maintain a business office in their home |

Please be sure to include copies of identifications, licenses and insurances with your application. These may include, driver's license; state licenses (plumbing, childcare, articles of incorporation), vehicle insurance.

Please feel free to contact me with any questions.

Regards,

*Janey Dyke*

Janey Dyke-Office Assistant  
Town of Silt

**TOWN OF SILT**  
**PO Box 70, Silt CO 81652**  
**Business License Application - 2011**

**FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_ License No. \_\_\_\_\_

Fee: \$25.00      Type of Application: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

**TYPE OF BUSINESS:**

Retail \_\_\_\_\_ Service \_\_\_\_\_ Wholesale \_\_\_\_\_ Restaurant/food Service \_\_\_\_\_

\* Contractor \_\_\_\_\_ \*\*Home Occupation \_\_\_\_\_ \*\*\*Laundromat / Carwash \_\_\_\_\_

Describe products/services: \_\_\_\_\_

**TYPE OF OWNERSHIP:**

\_\_\_\_\_ Sole Proprietorship                      \_\_\_\_\_ Association / Club

\_\_\_\_\_ Partnership                                      \_\_\_\_\_ Non-profit / Exempt # \_\_\_\_\_

\_\_\_\_\_ Corporation                                      \_\_\_\_\_ Other

Colorado State Sales Tax License # \_\_\_\_\_

I hereby certify that the statements made on this application are true and correct. I further certify that I have received a copy of the business license ordinance and agree to comply with the provisions contained therein.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\* **For Contractors:** Contractors are also required to carry a Town of Silt Contractor's license.  
\*\***For Home Occupation:** Home Occupations require that a home occupation survey be completed and submitted with your business license application.

**APPROVED BY:** \_\_\_\_\_  
TOWN PLANNER                                      DATE

\*\***For Carwash / Laundromat:** **APPROVED BY:** \_\_\_\_\_  
PUBLIC WORKS DIRECTOR                                      DATE

**2011**

**TO:** All Town of Silt Business and Business Owners  
**FROM:** Silt Police Department  
**RE:** Emergency Contacts

The Silt Police Department requires that all new and existing businesses supply a name, address, and after-hour phone numbers of the person or persons who they may contact in case of an emergency after working hours. The Silt PD is requesting that this information be supplied annually, in conjunction with the annual renewal of the Town of Silt Business License and that all business owners inform the Police promptly of any changes in the supplied information.

All information supplied will be kept confidential within the Police Department and is requested solely for the protection of you and your business in case of an emergency.

Thank you for your cooperation in this matter.

**BUSINESS NAME:** \_\_\_\_\_

**PLEASE DESCRIBE TYPE OF BUSINESS AND PRODUCT:** \_\_\_\_\_

**BUSINESS STREET ADDRESS:** \_\_\_\_\_

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**BUSINESS HOURS (Days and Hours):** \_\_\_\_\_

**PERSON(S) TO CONTACT IN CASE OF EMERGENCY:**

<b>NAME</b>	<b>STREET ADDRESS</b>	<b>AFTER-HOURS PHONE</b>
_____	_____	_____
_____	_____	_____

**ALARM COMPANY:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**IF AN OPEN DOOR IS FOUND, DO YOU WANT THE POLICE TO: (Check One)**

- \_\_\_\_\_ Enter building, or;
- \_\_\_\_\_ Call the emergency contact first.

Any additional information the business owner would like to supply, such as the location of main utility shut-offs, safes, or alarm boxes can be listed on another sheet of paper or on the back of this form.

# LAWFUL PRESENCE AFFIDAVIT

(this form only needs to be filled out by applicants who are applying as a sole proprietor)

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 legal Permanent Resident of the United States, or

\_\_\_\_\_ I am otherwise 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

**Per HB 06S-1023, you must provide a copy of one of the following IDs with this Affidavit.**

- ✓ Colorado Driver's License
- ✓ Colorado ID card
- ✓ Military ID
- ✓ Coast Guard mariner document
- ✓ Native American tribal document

**Town of Silt**  
P.O. Box 70, Silt, CO 81652  
**Sales Tax License Application 2011**

FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_ License No. \_\_\_\_\_

Business Owner: \_\_\_\_\_

Trade Name or DBA: \_\_\_\_\_

Business Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Type of Ownership: (check one)

- Sole Proprietorship
- Partnership
- Corporation

- Association / Club
- Non-profit / Exempt # \_\_\_\_\_
- Other

Nature of business / what do you sell: \_\_\_\_\_

State of Colorado Tax Number: \_\_\_\_\_

Date started / purchased business: \_\_\_\_\_

Estimates your monthly amount of taxable sales: \_\_\_\_\_

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN HAVE BEEN EXAMINED BY ME, AND ARE TO THE BEST OF MY KNOWLEDGE, TRUE, CORRECT, AND COMPLETE.

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_