

**TOWN OF SILT**  
**P.O. BOX 70, 231 N. 7<sup>th</sup> Street – SILT, CO 81652**  
**APPLICATION FOR CONTRACTOR LICENSE - 2021**

<b>TYPE OF LICENSE (Check One)</b>	<b>License Fee</b>	<b>Fee After Aug.1, 2021***</b>
<u>Builder's Class AA*</u>	<b>175.00</b>	<b>125.00</b>
<u>Builder's Class A*</u>	<b>150.00</b>	<b>100.00</b>
<u>Builder's Class B*</u>	<b>75.00</b>	<b>50.00</b>
<u>Builder's Class C*</u>	<b>50.00</b>	<b>30.00</b>
<u>Concrete &amp; Form*</u>	<b>50.00</b>	<b>30.00</b>
<u>Excavating*</u>	<b>50.00</b>	<b>30.00</b>
<u>Special Contractor*</u> Type: _____	<b>50.00</b>	<b>30.00</b>
<u>House &amp; Building Movers</u>	<b>40.00</b>	<b>30.00</b>
<u>Demolition</u>	<b>40.00</b>	<b>30.00</b>
<u>Modular/Manuf. Home Installers</u>	<b>25.00</b>	<b>15.00</b>
<u>Electrician**</u>	<b>N/A</b>	<b>N/A</b>
<u>Plumber**</u>	<b>N/A</b>	<b>N/A</b>

*For Administrative Use Only*

LICENSE NO. \_\_\_\_\_

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

**Compliance Check**

Liability Insurance Certificate

Worker's Comp. Insurance Certificate or

Worker's Comp Waiver

B.E.S.T. Card No. \_\_\_\_\_  
Expires \_\_\_\_\_

State License No. \_\_\_\_\_  
Expires \_\_\_\_\_

Sales Tax License Form

- \* Qualifying contractors must have a valid BEST card. A copy of the front and back of this card must be submitted with this application.
- \*\* Electricians and Plumbers must submit a copy of their State License with this application.
- \*\*\* Contractors doing work before August 1 are not able to discount license fee, regardless of application date.

NAME OF BUSINESS (please print) \_\_\_\_\_

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

CITY/ZIP \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

***CERTIFICATES OF INSURANCE, WITH THE TOWN OF SILT LISTED AS ADDITIONALLY INSURED, MUST BE SUBMITTED WITH EVERY APPLICATION.***

**INSURANCE REQUIREMENTS**

Under the terms of Silt Municipal Code 5.12.130 every contractor granted shall be required to maintain at all times employee's liability and public liability insurance with a minimum limit of not less than \$100,000 for any one person and \$500,000 for any one accident, and property insurance with a minimum limit of not less than \$100,000 for any one accident.

Under the terms of Silt Municipal Code 5.12.140 at the time application is made for examination and before a license can be issued, the contractor shall file with the building department a certificate, signed by a qualified agent of an insurance company, stating that the policy required in this chapter has been issued to the licensee for employees liability insurance or workmen's compensation insurance, public liability insurance and public property damage insurance, the minimum limits of each and the policy number, the name of the company, the effective date of such policies and the expiration date of such policies, together requiring ten days written notice by registered mail to the building inspector if it becomes necessary to cancel the policy for any reason.

I UNDERSTAND THAT I MUST COMPLY WITH THE 2015 IRC, IBC, IMC, IPC, IFC, IFGC AND IEBC CODE REGULATIONS THAT HAVE BEEN ADOPTED BY THE TOWN OF SILT, AND HEREBY CERTIFY THAT THE STATEMENTS MADE BY ME AND CONSTITUTING A PART OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Town of Silt**  
P.O. Box 70, Silt, CO 81652  
Sales Tax License 2021

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

Trade or Business Name: \_\_\_\_\_

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 / Service or Good: \_\_\_\_\_

State of Colorado Tax Number or Social Security Number: \_\_\_\_\_

Date Business Started/Was Purchased: \_\_\_\_\_

Estimated Monthly Amount of Taxable Sales: \_\_\_\_\_

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

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

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

TOWN OF SILT  
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231 N. 7<sup>th</sup> Street  
Silt, CO 81652

STATEMENT OF EXEMPTION FROM  
WORKERS' COMPENSATION LAWS

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

I, \_\_\_\_\_, do hereby state that  
my company, \_\_\_\_\_, has NO EMPLOYEES  
and therefore is exempt from the State of Colorado Workers' Compensation  
requirements.

I also understand that it is my responsibility in the hiring of subcontractors to  
make certain that they are in compliance with the State of Colorado Workers'  
Compensation insurance requirements.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company: \_\_\_\_\_