

Date Received: _____ Fee Paid: _____ License #: _____



2022 Business License Application

Type of Application:	NEW	Fee: \$50 <input type="checkbox"/>
	RENEWAL	Fee: \$50 <input type="checkbox"/>
	RENEWAL AFTER JAN. 15	Fee: \$100 <input type="checkbox"/>

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 _____

** Home Occupation: Home Occupations require that a home occupation worksheet be completed and submitted with your business license application.*

Describe products/services: _____

TYPE OF OWNERSHIP:

_____ Sole Proprietorship	_____ Association / Club
_____ Partnership	_____ Non-profit / Exempt # _____
_____ Corporation	_____ Other

Colorado State Sales Tax License # or Social Security # _____

2022 Business License Acknowledgment

I acknowledge that Silt requires a Business License to be obtained annually, and that every home occupation must be licensed.

I understand that an annual inspection of my premises will be required. This inspection will be completed by a Town Representative, and I agree to said inspection with or without prior scheduling.

By signing below, I acknowledge that all questions in this application are answered accurately and to the best of my ability. I am aware of the requirements to operate a business, and have familiarized myself with the Silt Municipal Code, to ensure my understanding of such requirements. Should any information given above, change throughout the year, I agree that I am responsible for informing the Town of the changes.

I hereby certify that the statements made on this application are true and correct. I further certify that I can access the Silt Municipal Code Business License Ordinance from the Town website, www.townofsilt.org, or by contacting Silt Town Hall at 970-876-2353. I agree to comply with the provisions obtained therein.

Authorized Signature

Date

APPROVED BY:

TOWN ADMINISTRATOR OR DESIGNEE

DATE

APPROVED BY:

PUBLIC WORKS DIRECTOR
(* For Carwash / Laundromat)

DATE

TO: All Town of Silt Business and Business Owners

FROM: Silt Police Department

RE: Emergency Contacts

2022

- This business has a storefront/building within the Town of Silt
- This business does not have a storefront/building within the Town of Silt

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 Police Department requests this information be supplied annually, in conjunction with the annual renewal of the Town of Silt Business License, and further requests that all business owners inform the Town 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.

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:

NAME	STREET ADDRESS	AFTER-HOURS PHONE

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, or alarm boxes, etc 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 2022

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: _____

Estimates your 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

Home Occupation Worksheet 2022

Silt Municipal Code §17.08.110 – Customary incidental home occupations

A “customary incidental home occupation” means a use conducted on a residential property within town limits that meets the requirements of this section. A home occupation is “customary incidental” and allowed in any residential zone district of the town, and that the Silt Municipal Code (SMC) criteria is followed.

Name of business: _____

Type or nature of business: _____

1. Is this business regulated by a state or federal agency, or does it require special licensing or certification? No _____ Yes _____ (Please list licenses or certificates you hold and submit copies of those licenses with this application) _____

2. Is the home occupation conducted by the property’s occupants? Yes _____ No _____ (If no, please describe) _____

3. How many full-time employees? _____ Part Time? _____
For home childcare, how many children are you licensed to care for? _____

4. Is the home occupation clearly incidental and secondary to the residential use of the primary dwelling on the property? Yes _____ No _____ (If no, please describe) _____

5. Will the home occupation require you to change any exterior feature of the residence, or to add additional parking? No _____ Yes _____ (If yes, please describe) _____

6. Are any retail sales or displays associated with the home occupation that is visible from the exterior of the home? No _____ Yes _____ (If yes, please describe) _____

7. Is there storage associated with the proposed home occupation? Yes _____ No _____
If yes, please answer the following:

- What is the square footage of the storage? (600 sf maximum) _____
- Is the storage visible from any public right-of-way? No _____ Yes _____
(If yes, please describe) _____

8. Are any materials associated with the home occupation classified as explosive, flammable, corrosive, or classified as hazardous materials by the EPA? Yes _____ No _____
(Please see SMC § 17.49, available online at www.townofsilt.org or at the Town Hall)

If yes, please answer the following:

- The Garfield County 911 Emergency Communications organization requires hazardous materials be registered, are yours? Yes _____ No _____
- Are all such classified materials stored, handled, used, or disposed of in accordance with all applicable municipal, state, and federal regulations? Yes ___ No ___ (If no, please describe) _____

9. Is floor space related to the home occupation 25% of total square footage, or less? Yes _____ No _____ (If no, please describe) _____

10. Are you a renter? No _____ Yes _____ If you are renting, please attach written permission to run the business from the property owner.

11. Does the home occupation conform to the commercial and industrial performance standards in the Silt Municipal Code §17.49? (This code is available online at www.townofsilt.org or at the Town Hall, 231 N 7th Street) Yes _____ No _____ (If no, please describe) _____

12. Does the home occupation conform to all applicable provisions of the Silt Municipal Code? (The Silt Municipal Code is available online at www.townofsilt.org or at the Town Hall at 231 N 7th Street) Yes _____ No _____ (If no, please describe) _____

13. Silt requires a Business License to be obtained annually, and that every home occupation must be licensed.

14. I understand that an annual inspection of my premises will be required. This inspection will be completed by a Town Representative, and I agree to said inspection with or without prior scheduling.

15. No more than two customary home occupations shall exist on one property, and are limited by the requirements of the Silt Municipal Code.

By signing below, I acknowledge that all above questions are answered accurately and to the best of my ability. I am aware of the requirements to operate a home occupation and have familiarized myself with the Silt Municipal Code, to ensure my understanding of such requirements. Should any information given above, change throughout the year, I agree that I am responsible for informing the Town of the changes.

Applicant Signature

Date

Business Owner Signature (if different from Applicant)

Date