



November 17, 2021

Dear Valued Contractor,

The New Year is almost here! If you plan to work in the Town of Silt in 2022, it will be necessary to renew your Contractor's License. We have enclosed a license application for you to complete and return to us with payment. Please be sure to send a complete application back before the end of December 2021, in order to avoid a disruption of work or a delay in permit issuance.

Qualified contractors must have a valid BEST card or ICC Certification. If your BEST card has expired or is due to expire in 2022, please make arrangements with the Community Development Department to take your BEST test.

Please note that the Town of Silt adopted the 2015 International Codes, and your BEST card must be based on these codes. Alternatively, you may submit an ICC Certification. Please submit copies of the front and back of your BEST card, as well as copies of your current Certificates of Liability Insurance and Workers' Compensation Insurance. If you have no employees and have met state requirements not to carry workers' compensation coverage, please fill out the workers' compensation insurance certificate.

In an effort to alleviate the requirement for both a Business License and Contractor License, the Town has made the decision to attach the Sales Tax License form to be included with the Contractor License Application. This single application will be sufficient for all contractors who do not operate their business from within the Town of Silt, but rather are contracting services into Silt from another location. If you are a contractor that operates your business out of a residential or commercial space, located within Silt Town limits, the Town does require a Business License as well. If you are operating out of a residential space, you are considered a home occupation. Please visit [www.townofsilt.com](http://www.townofsilt.com) to view the municipal code for further information.

Thank you for promptly returning your application with the items listed above. This will ensure your ability to work without interruption into 2022.

Happy Holidays!

Sincerely,  
Community Development Department  
(970) 876-2353 Ext. 108

**TOWN OF SILT**  
**P.O. BOX 70, 231 N. 7<sup>th</sup> Street – SILT, CO 81652**  
**APPLICATION FOR CONTRACTOR LICENSE - 2022**

<b>TYPE OF LICENSE (Check One)</b>	<b>License Fee</b>	<b>Fee After Aug.1, 2022***</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

Fee Collected

- \* 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 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: \_\_\_\_\_

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  
P. O. Box 70  
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: \_\_\_\_\_