



November 1, 2023

Dear Valued Contractor,

The New Year is almost here! If you plan to work in the Town of Silt in 2024, 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 2023, 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 2024, 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, with the Town listed as a certificate holder or additionally insured. If you have no employees and have met state requirements not to carry workers' compensation coverage, please fill out the workers' compensation exemption form.

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 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 2024.

Happy Holidays!

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

TOWN OF SILT
P.O. BOX 70, 231 N. 7th Street – SILT, CO 81652
APPLICATION FOR CONTRACTOR LICENSE - 2024

TYPE OF LICENSE (Check One)	License Fee	Fee After Aug.1, 2024***
<u> </u> Builder's Class AA*	175.00	125.00
<u> </u> Builder's Class A*	150.00	100.00
<u> </u> Builder's Class B*	75.00	50.00
<u> </u> Builder's Class C*	50.00	30.00
<u> </u> Concrete & Form*	50.00	30.00
<u> </u> Excavating*	50.00	30.00
<u> </u> Special Contractor*	50.00	30.00
Type: _____		
<u> </u> House & Building Movers	40.00	30.00
<u> </u> Demolition	40.00	30.00
<u> </u> Modular/Manuf. Home Installers	25.00	15.00
<u> </u> Electrician**	N/A	N/A
<u> </u> Plumber**	N/A	N/A

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 (Check Business License)

- * 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 2024

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. 7th 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: _____