

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ License #: \_\_\_\_\_



## 2020 Business License Application

Type of Application:      **NEW**      Fee: \$50      
                                  **RENEWAL**      Fee: \$50      
                                  **RENEWAL AFTER JAN. 15**      Fee: \$100      
                                  \*if operational before Jan. 15

**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 #** \_\_\_\_\_

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\* **For Contractors:** Contractors are also required to carry a Town of Silt Contractor's license (no additional fee).

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

**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

**APPROVED BY:**

\_\_\_\_\_  
**TOWN PLANNER**

\_\_\_\_\_  
**DATE**

**APPROVED BY:**

\_\_\_\_\_  
**PUBLIC WORKS DIRECTOR**  
**(\*\*\* For Carwash / Laundromat)**

\_\_\_\_\_  
**DATE**

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**TO: All Town of Silt Business and Business Owners**

**FROM: Silt Police Department**

**RE: Emergency Contacts**

**2020**

- 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.

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**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

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**Town of Silt**  
P.O. Box 70, Silt, CO 81652  
Sales Tax License 2020

FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_ License No. \_\_\_\_\_ Fee Paid: \_\_\_\_\_

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: \_\_\_\_\_

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 \_\_\_\_\_

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

## Town of Silt Home Occupation Worksheet 2020

### 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? Yes \_\_\_ (Please list licenses or certificates you hold and submit copies of those licenses with this application) \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_

2. Is the home occupation conducted by the property’s occupants? Yes \_\_\_ 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 (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

**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](http://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 (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**10.** Are you aware that business licenses must be renewed annually? Yes \_\_\_\_\_ No \_\_\_\_\_

**11.** Are you a renter? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, do you realize that you must obtain owner consent to operate a home occupation? Yes \_\_\_\_\_ No \_\_\_\_\_

**12.** 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](http://www.townofsilt.org) or at the Town Hall, 231 N 7<sup>th</sup> Street) Yes \_\_\_\_\_ No (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13.** 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](http://www.townofsilt.org) or at the Town Hall at 231 N 7<sup>th</sup> Street) Yes \_\_\_\_\_  
No (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**14.** Are you aware that the home occupation application may require an inspection of the premises by the Town Building Inspector? Yes \_\_\_\_\_ No \_\_\_\_\_

**15.** Are you aware that no more than two customary home occupations shall exist on one property, and are limited by the requirements of the Silt Municipal Code? Yes \_\_\_\_\_ No \_\_\_\_\_

**16.** Are you aware that every home occupation must be licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature (if different from Applicant)

\_\_\_\_\_  
Date