



Town of Silverton
Business License Application

**NEW or RELOCATION
 APPLICATIONS ONLY**

_____ Date

GENERAL INFORMATION

Name of Business: _____

Business Address: _____
 (Physical & Mailing)

Business Phone: _____ **Email Address:** _____

Owner Name: _____ **Local Phone:** _____

Owner Address: _____ **Emergency Contact:** _____
 (Mailing)

_____ **Emergency Phone:** _____

Winter Address: _____ **Winter Number:** _____

Property Owner Name: _____ **

Property Owner Address: _____

Phone Number: _____

BUSINESS INFORMATION

Type of Ownership:

- Corporation
- Partnership
- Individual

Seasonal: Y__ N__

Liquor License: Y__ N__

CO Sales Tax #: _____

Non Profit: Y__ N__

Type of Business:

- Restaurant
- Retail
- Service
- Construction
- Other: _____

Number of Employees: _____

(Including Business Owner)

Signature of Owner(s): _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

** Utility bills will be sent to the property owner. At the time a new business license application is submitted, the Town will calculate the EQR (single-family equivalent) for refuse billing.

Required Inspections

Prior to submitting your application for a new business license, you are required to schedule inspections as noted below. Each inspector must either sign off on this form if no issues are identified, or provide a letter explaining any necessary steps you must take to meet requirements. Your business license will not be issued until the requirements of the Building Department, Town Clerk, Fire Department, Zoning, and Health Department are satisfied.

TOWN CLERK

Comments: _____

The EQR for refuse billing is _____.

Signature Date

PLANNING AND ZONING

Comments: _____

Signature Date

FIRE DEPARTMENT

Comments: _____

The Maximum Occupancy based on Fire Code* is: _____

Signature Date

BUILDING INSPECTOR

Comments: _____

The Maximum Occupancy based on Building Code* is: _____

Signature Date

SAN JUAN BASIN HEALTH DEPARTMENT (RESTAURANTS AND FOOD SERVICE ONLY)
Evidence of approval from the Health Department must be submitted.

* Maximum occupancy shall be determined by the most restrictive number as determined by the Building, Fire, or Health Department Code.

OFFICE USE ONLY

BUSINESS NAME: _____

Check #: _____ **Date License Issued:** _____

Amount: _____ **License NO:** _____

Receipt#: _____ **Date License Denied:** _____

Date: _____ **Reason for Denial:** _____

LF PD: _____