



Town of Silverton
Business License Application

RENEWAL APPLICATIONS

_____ 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.

Renewal Application Inspections

Have you made any changes to your building or business in the past 12 months? If yes, you will need to schedule an appointment with the Building Inspector, Town Clerk, and/or the Fire Inspector prior to submitting this renewal application. If no, then the only inspection required will be from the Health Department, if applicable.

Y _____ N _____

TOWN CLERK

COMMENTS: _____

The EQR for Refuse Billing is: _____

Signature _____

Date _____

FIRE DEPARTMENT

COMMENTS: _____

Signature _____

Date _____

BUILDING INSPECTOR

Comments: _____

Signature _____

Date _____

San Juan Basin Health Department (Restaurants and Food Service Only)

Evidence of payment for an annual Health License shall be provided. The Health Department conducts inspections throughout the year.

OFFICE USE ONLY

Check #: _____

Amount: _____

Receipt#: _____

Date: _____

LF PD: _____

Date License Issued: _____

License NO: _____

Date License Denied: _____

Reason for Denial: _____
