Town of Silverthorne
Business and/or Sales Tax License Application

Fees: $75.00 calendar year

Mail to: Jurgita Siebel
Town of Silverthorne, PO Box 1309, Silverthorne, CO 80498
jsiebel@silverthorne.org
Phone: (970) 262-7310 Fax: (970) 262-7312

NOTE: Electrical contractors are required to have a business license, but no fee is charged
NOTE: APPLICATIONS FOR LICENSES MAY BE DENIED IF THIS FORM IS NOT COMPLETE

Business/Trade Name: _____

Other Business Name: _____

Local Manager/Representative: _____

Local Phone Number_____

Physical Address: _____

Mailing Address: _____

Emergency Contact(s):_____

Date this business started/will start operation in Silverthorne: _____

Is your business within the Silverthorne Town Limits? [ ] Yes [ ] No

If yes, physical address of business in Silverthorne: _____

Is your business run out of your primary residence in Silverthorne? Yes [ ] No [ ] **If yes you must complete the Home Occupation form:** Completed _____

E-mail Address: _____

Business Phone: _____ **Business Fax:** _____

Type of Ownership: [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] LLC [ ] Other_____

Federal ID Number: _____ **State ID Number:** _____

Nature of Business/Business Activity (Select One):

[ ] Lodging: ___ Hotel/Motel ___Long-term rental ___Short-term rental

[ ] Bar ONLY [ ] Leasing [ ] Restaurant/Bar [ ] Real Estate [ ] Vending [ ] Wholesale

[ ] Retail Sales/Service (Specify)_____

[ ] Contractor (Specify Type)_____

[ ] Professional (Specify)_____ [ ] Other (Specify)_____

TYPE OF LICENSE APPLIED FOR:

_____ **Business License** - Required for any person to maintain, operate, conduct or engage in any business activity within the Town of Silverthorne.

_____ **Business License And Retail Sales Tax License** - Required for any person engages in the business of selling tangible personal property and certain services at retail and for both merchants located within the Town of Silverthorne and those merchants outside the Town limits, but who make sales and deliveries of tangible property into the Town of Silverthorne by mail, common carrier, or their own conveyance.

SALES TAX PREPARER:

Name & Title:_____Address_____

Telephone number: _____E-mail_____

PARTNERS OR OFFICERS IN BUSINESS

Name	Title	Address	Telephone

If more space is needed please attach on a separate sheet

SUMMIT COUNTY ENVIRONMENTAL HEALTH MUST SIGN OFF ON ANY BUSINESS INVOLVING FOOD - 668-4070

I declare under penalty of perjury in the second degree that this application has been examined by me, that the statements made herein are made in good faith pursuant to the Town of Silverthorne's Town Code, and to the best of my knowledge and belief to be true, correct, and complete.

Name:(Print) _____**Title:**(Print)_____

Signature: _____**Date:**_____

STAFF APPROVALS: (DO NOT WRITE IN THIS BOX)

Zoning Official: _____ Date: _____ Building Dept.: _____ Date: _____

Code Enforcement: _____ Date: _____ Rev Admin: _____ Date: _____