

2024-2025 RETAIL TOBACCO BUSINESS LICENSE APPLICATION \$500/Annually – Due by 11-01-2024

Date Received _____

Expires: 10-31-2025

			Approved by	
			New License	Renewal
LEGAL NAME (CORPORA	TION, LLC, PARTNE	ERSHIP)		
TRADE OR BUSINESS NAM	ME (IF DIFFERENT	LEGAL NAME)	
APPLICANT'S COLORADO	TAX ID NUMBER:			
FEDERAL EMPLOYER ID N	IUMBER			
ON-SITE BUSINESS MANA	AGER NAME			
BUSINESS PHONE NUMB	ER			
BUSINESS PHYSICAL ADD	RESS			
CITY	STATE	ZIP	EMAIL	
BUSINESS MAILING ADD	RESS			
CITY	STA	TE	ZIP	
PLEASE ANSWER THE FO	LLOWING QUESTIC	ONS WITH A "	YES" OR "NO" RESPONSI	<u>:</u>
1. Does the applicant un without a Retail Tobacco			- -	n the Town of Silverthorne (Town
2. Does the applicant und	derstand that a Lic	ense, if appro	oved, must be renewed a	nnually?
	usiness Licensing,			icense (Licensee) that violates the 70, may be fined and its License be
				Town is 21 years, and a Licensee is er the age of 21 years is against the
5. Does the applicant uno premise (Licensed Premis		License must	be displayed in a publicly	visible location inside the licensed
				etail tobacco products in the Towr ly visible location) of the Licensec
compliance with the Tow	n's Retail Tobacco d annually by the S	Business Lice Summit Coun	nsing Ordinance, and at l ty Sheriff or law enforce	emises are subject to inspection for east two (2) mandatory compliance ment to ensure the Licensee is no

READ CAREFULLY BEFORE SIGNING: UNDER PENALTY PROVIDED BY LAW, THE APPLICANT STATES THAT EACH OF THE ABOVE QUESTIONS HAS BEEN ANSWERED TRUTHFULLY AND TO THE BEST OF THE KNOWLEDGE OF THE APPLICANT. APPLICANT AGREES TO OPERATE THIS BUSINESS ACCORDING TO THE LAW AND THAT THE RIGHTS AND RESPONSIBILITIES CONFERRED TO THE LICENSEE, IF GRANTED, CANNOT BE ASSIGNED TO ANOTHER. FAILURE OR REFUSAL TO ALLOW ACCESS TO ANY PORTION OF A LICENSED PREMISE DURING INSPECTION WILL BE DEEMED A REFUSAL TO PERMIT INSPECTION. SUCH REFUSAL IS GROUNDS FOR REVOCATION OF LICENSE.

SUBMIT	THIS	APPLI	CATION	FORM	WITH	APPLIC	ATION	FEE	\$500.00) TO	THE	SILVERT	HORNE	TOWN	CLERK
towncler	k@silv	vertho	rne.org,	PO BOX	1309,	SILVERT	HORNE	, col	ORADO	80498	3. QU	ESTIONS	SHOUL	D BE DIF	RECTED
TO THE (CLERK'	S OFFI	CE AT (9	70) 262-	7307.										

Date

(OFFICER OF CORPORATION/MEMBER/MANAGER OF LLC/PARTNER/INDIVIDUAL)