



COMMUNITY DEVELOPMENT DEPARTMENT

970.262.7360

[www.silverthorne.org](http://www.silverthorne.org)

601 Center Circle / PO Box 1309

Silverthorne, CO 80498

**BUSINESS LICENSE FOR HOME OCCUPATION  
LANDLORD AUTHORIZATION FORM**

**TENANT:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY OWNER / LANDLORD**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ Owner of \_\_\_\_\_, give permission to:  
*property address*  
\_\_\_\_\_, Tenant, for the Home Occupation of \_\_\_\_\_.  
*business description*

The Tenant must comply to the Town of Silverthorne Community Development Supplemental Business License Regulations for Home Occupations, HOA regulations (if applicable), and Town of Silverthorne Zoning regulations.

**Owner Signature:** \_\_\_\_\_

**Printed Name of Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_