



December 22, 2025

Dear Business Owner,

Please find the attached 2026 Business License Application.

Silt Municipal Code 5.04.050 ...Those recurring businesses, vocations, or occupations in existence after January 1 of a calendar year, shall apply for the business license prior to January 15 of each and every year or at the time of a new application, and shall expire on the succeeding December 31.

If renewable license and payment are not received by January 15th, the late submittal license fee will be **\$100.00**.

Please be sure to include copies of identification with your application. These may include driver's license, State Licenses (plumbing, childcare, articles of incorporation), accreditations, vehicle insurance, and certificates of insurance.

Please contact us with any questions or concerns.

Best Regards,

Community Development Department

(970) 876-2353 ext 108



BUSINESS LICENSE APPLICATION

Type of Application: New -\$50 Renewal -\$50 Renewal after Jan 15 -\$100

Name of Business: _____

Name of Owner: _____

Business Address: _____

Mailing Address: _____

E-mail Address: _____

Phone: _____

Type of Business: _____ **Number of Employees:** _____

**Home Occupations require that a home occupation worksheet be completed and submitted with your business license application.*

Describe products/services: _____

Type of Ownership: _____ **Non-Profit/ Exempt #:** _____

Sate of Colorado Tax Number or Social Security Number: _____

Date Business Started/ Was Purchased: _____

Estimated Amount of Taxable Sales: _____

Business License Acknowledgment

I acknowledge that the Town of Silt requires a Business License to be obtained annually and that every home occupation must be licensed. I understand that an annual inspection of my premises will be conducted by a Town representative, with or without prior scheduling, and I agree to provide any required documentation such as state or federal licenses, grease trap cleaning logs, or backflow preventer testing certificates.

By signing below, I certify that all information provided in this application and any attachments is true and accurate. I have reviewed the Silt Municipal Code and understand the requirements to operate a business. I agree to comply with all applicable ordinances and license conditions and will notify the Town of any changes during the license year.

I acknowledge that I can access the Silt Municipal Code and Business License Ordinance at www.townofsilt.org or by contacting Town Hall at (970) 876-2353. By signing below, I affirm I have authority to bind the business and that my signature serves as legal acknowledgment and agreement to all statements herein.

Signature

Date

For Administrative Use:

License No. _____ Issue Date: _____ Fee Collected



Business License Property Owner Affidavit & Authorized Representative

I/We, (property owner name), affirm and declare that I am (we are) the owner(s) of the property described herein and which is the property location for the business subject to the application. I (we) hereby grant permission for the applicant to use my property to conduct its business. I further affirm that I (we), as the property owner, am responsible for violations that occur at my property. I acknowledge that the owner of the property may be subject to penalty and other legal enforcement actions relating to the property resulting from the Business License holder's use of the property. I (we) authorize Town staff to visit the site as necessary for proper review of this application.

(If there are special conditions such as guard dogs, locked gates, restricted hours, etc., please give the name and phone number of the person(s) who can provide access to the site)

I/We further permit (business owner name) to apply for a license to operate their business from my property. I acknowledge that I am ultimately responsible for what occurs on my property and that both the business owner and myself will be held liable for violations and compliance.

NOTE: All correspondence will be sent to the business owner and it will be their responsibility to keep the owner(s) adequately informed as to the status of the application and license.

Property Owner/ Company Legal Name (Including Name of Authorized Signatory)

Property Owner Phone Number

Property Owner Email Address

Business License Property Address

City

State

Zip Code

Property Owner Mailing Address

City

State

Zip Code

Property Owner Signature

Date

Business Owner Signature

Date



HOME OCCUPATION WORKSHEET

Silt Municipal Code §17.10.110- Customary Incidental Home Occupation

A “customary incidental home occupation” means a use conducted on a residential property within Town limits that meets all the requirements of this section. A home occupation is “customary incidental” and allowed in any residential zone district of the town, and that the Silt Municipal Code (SMC) criteria is followed.

Type or Nature of Business: _____

How many full-time employees? _____ How many part-time employees? _____

Is this business regulated by a State or federal agency,
or does it require special licensing or certification?

Yes No

If yes, please list licenses or certificates you hold and submit copies of those with your applications:

For home childcare, how many children are you licensed to care for? _____

Are any materials associated with the home occupation
classified as explosive, flammable, corrosive, or classified
as hazardous materials by the EPA?

Yes No

If yes, are your hazardous materials registered with Garfield County 911 Emergency Communications organization? (This is County requirement)

Yes No

Are all such classified materials stored, handled, used, or disposed of in accordance with applicable municipal state, and federal regulations?

Yes No

If no, please describe:

Are you a renter?

Yes No

If yes, please submit a property owner affidavit with this application.

Is the home occupation conducted by the property's occupants?

Yes No

If no, please describe:



Is the home occupation clearly incidental and secondary to the residential use of the primary dwelling on the property?

Yes No

If no, please describe:

Will the home occupation require you to change any exterior feature of the residence, or to add additional parking?

Yes No

If yes, please describe:

Are any retail sales or displays associated with the home occupation visible from the exterior of the home?

Yes No

If yes, please describe:

Is there storage associated with the proposed home occupation?

Yes No

If yes, please answer the following:

What is the square footage of the storage: *(600 st maximum)*

Is the storage visible from any public right-of-way?

Yes No

If yes, please describe:

Is floor space related to the home occupation 25% of total square footage, or less?

Yes No

If no, please describe:

Does the home occupation conform to the commercial and industrial performance standards in the Silt Municipal Code?

Yes No

If no, please describe:

Does the home occupation conform to all the applicable provisions of the Silt Municipal Code?

Yes No

If no, please describe:



Silt requires a business license to be obtained annually, and every home occupation must be licensed.

I understand that an annual inspection of my premises will be required. This inspection will be conducted by a Town Representative, and I agree to said inspection with or without prior scheduling.

Yes No

I understand that no more and two customary home occupations shall exist on one property and are limited by the requirements of the Silt Municipal Code.

Yes No

Declaration

Applicant

I, _____ (The Applicant), do hereby declare that the information contained in this application, the attached schedules and forms, the attached plans and specifications, and other attached documentation is true to the best of my knowledge. If a license is granted, I agree to comply with Local Ordinances and the conditions of the license. If the Applicant is a corporation or partnership, I have the authority to bind the corporation or partnership by signing off, I understand that it constitutes a legal signature confirming that I acknowledge and agree to the above declaration.

Signature

Date