



TOWN OF SILT

TOBACCO PRODUCT AND NICOTINE PRODUCT RETAIL LICENSE APPLICATION

☐ New License Fee \$250.00

☐ Renewal License Fee \$175.00

LICENSE TYPE

☐ Tobacco Retailer (Off-Premises)

☐ Cigar-Tobacco Bar Age Restricted

☐ Tobacco Retailer Indoor Age Restricted

☐ Other _____

☐ Tobacco Temporary License

Business Name

Registered Business Trade Name (DBA)

Federal Taxpayer ID / Social Security #

Colorado Sales Tax License #

ADDRESS OF PREMISES

Street Address

City

State

Zip Code

Business Phone Number

MAILING ADDRESS (if different from business address)

Address

City

State

Zip Code

OWNER/PRIMARY CONTACT

Name

Phone Number

Email Address

Date of Birth (MM/DD/YY)

STORE MANAGER

Name

Phone Number

Email Address

PLEASE ANSWER THE FOLLOWING QUESTIONS

Does the Applicant understand that a Licensee has the responsibility to instruct his or her employees that selling Tobacco products to anyone under the age of 21 is against the law ☐ Yes ☐ No

Does the Applicant understand that the actions of the Licensee's employees may cause a Licensed Business to be fined, suspended, or revoked due to a violation under the law of the Town of Silt and/or the State of Colorado? ☐ Yes ☐ No

REQUIRED ATTACHMENTS

Completed copy of the State Tobacco/Nicotine Product Retail License application &/or current State-issued license ☐

Organizational documents, Articles of Incorporation, Operating Agreements, Partnership Agreements, By-Laws, etc . ☐

Deed or Lease, Lease amendments, and/or extensions proving possession of the property. ☐

All required application and license fees for the Town of Silt. ☐

PLEASE READ CAREFULLY THE FOLLOWING STATEMENTS

I have obtained and examined a copy of all ordinances pertaining to the rules and regulations of the retail sale of tobacco and nicotine products. I agree to abide by and conform to all of the conditions of any license issued to me

I understand that an approved and issued business license is required to conduct business within the Town of Silt. I fully understand and will comply with all the rules and regulations of the State of Colorado and the Town of Silt. It is my responsibility to acquire all necessary approvals for this application and to submit a completed application **annually** with appropriate fees to the Town Clerk. Finally, this application is complete and correct to the best of my knowledge.

I will operate my establishment in a safe manner that does not endanger the public welfare and will post all licenses in a conspicuous location at the establishment(s).

I understand that the Town accepts no legal liability in connection with the approval and subsequent operation of a business.

As the owner/owners' appointed representative of the applicant business, I affirm and declare under penalty of perjury that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete.

Applicants Business Name

Applicants Full Name

Applicants Signature

Date

FOR OFFICE USE ONLY

Date Received Completed Application _____ Fees Paid \$ _____ Received By: _____

The Local Licensing Authority shall approve, deny, or conditionally approve within 30 days of receiving a complete application
Review of application will be completed by all departments.

Silt Licensing Authority / Town Clerk Date

Application was Approved ☐ Denied ☐

If denied, please state reason: