



Town of Silverthorne
Business and/or Sales Tax License Application

Mail to: Town of Silverthorne
Jurgita Christoffersen
P.O. Box 1309
Silverthorne, CO 80498
(970) 262-7310
(970) 262-7312 - Fax

Fees: \$75.00 calendar year
NOTE: Electrical contractors are required to have a
a Business License application ONLY on file (no fee)

NOTE: Applications for Licenses may be denied if this form is not complete.

Trade Name: _____

Other Business Name: _____

Local Manager/Representative: _____

Local Phone Number: _____

Physical Address: _____

Mailing Address: _____

E-mail Address: _____

Local Mailing Address (if applicable) _____

Business Phone: _____ Business Fax: _____

Type of License Applied for:

_____ BUSINESS LICENSE – Is 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 – Is 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.

Federal ID Number: _____ State ID Number: _____

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

Type of Ownership: [] Sole Proprietor [] Partnership [] Corporation [] LLC [] Other _____

Business Activity (Select One): Retail Sales _____ Contractor _____
Restaurant _____ Specify Type _____
Bar _____ Professional _____
Lodging _____ Specify Type _____
Short-term Rental Service _____
Specify Type _____
Other _____

Nature of Business: _____

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

If yes, please note the physical address of your business: _____

Is your business run out of your primary residence? Yes [] No []

If yes you must complete the Home Occupation form: _____
Completed

	Name & Title	Address	Telephone (H or W?)
Sales Tax Preparer:	_____	_____	_____
Emergency Contacts:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Partners or Officers in Business			
Name	Title	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Partners or Officers in Business list attached. _____

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 are true, correct, and complete.

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

Signature: _____ Date: _____

STAFF APPROVALS: (DO NOT WRITE IN THIS BOX)			
Zoning Official: _____	Date: _____	Building Official: _____	Date: _____
Code Enforcement _____	Date: _____		
Date Paid: _____	Received By: _____	Check No. _____	\$ _____