TOWN OF SILVER PLUME, COLORADO

BUSINESS LICENSE APPLICATION

Refer to Silver Plume Town Ordinance No. 347

Initial License _____ Renewal License _____ Date License Submitted _____

Please note, regardless of when this business license application was submitted, annual licenses and renewal fees are due and payable by September 1st of each year. Annual licensing fees shall not be prorated. Ord. No. 347, Section 7.

Business Owner/Applicant Information

Business Owner Name: _____

Owner Primary Phone Number: _____

Owner Secondary Phone Number: _____

Owner Email Address: _____

Owner Mailing Address: _____

Business Information

Trade Name (DBA): _____

Contact Name (On Site): _____

Business Phone Number (On Site): _____

Business Email Address: _____

Street Address of Business: _____

Mailing Address of Business: _____

Business Website URL: _____

Emergency Phone Number: _____

Business Information Continued

Type of Business (LLC, LLP, S-Corp, etc.): _____

Date you Started the Business: _____

Description of Business: _____

Seasonal or Year-Round: _____

Number of Employees: _____

Duties of Licensee

As an applicant for a Silver Plume Business license, I hereby acknowledge the following duties as provided in Ord. No. 347, Section 9 as my own. I understand that every licensee under this Ordinance shall:

1. Permit all reasonable inspections of his or her business;
   _____ Applicant Initials
2. Ascertain and at all times comply with all laws and regulations applicable to such licensed business;
   _____ Applicant Initials
3. Avoid all forbidden, improper or unnecessary practices or conditions which may affect the public health, morals, or welfare;
   _____ Applicant Initials
4. Refrain from operating the licensed business on premises after expiration of his or her license and during the period his or her license is revoked or suspended.
   _____ Applicant Initials

Application Material Checklist

The following materials are required as part of this application.

- Business License Fee: $50.00 _____ (Check # and date)
- Colorado State Sales Tax License, issued by the Colorado Department of Revenue. Please visit tax.colorado.gov for more information. _____ (license #)

Additional Materials Required, Dependent on Type of Business

- Is your business a LLC, Corporation, Partnership (LP, LLP), or Cooperative?

  Yes ____ No ____

  If yes, a Certificate of Good Standing, issued by the Colorado Secretary of State, dated within the last 30 days prior to submitting this application, is required. Visit coloradosos.gov for more information.

  Certificate Provided: Yes ____ No ____ Applied ____

  _____ Applicant Initials _____ Licensing Officer Initials

- Do you intend to serve liquor, wine, or any other fermented malt beverages?

  Yes ____ No ____

  If yes, a liquor license is required. Visit sbg.colorado.gov for more information.

  Liquor License Provided: Yes ____ No ____ Applied ____

  _____ Applicant Initials _____ Licensing Officer Initials

- Do you intend to serve food of any type?

  Yes ____ No ____

  If yes, a retail food license is required. Visit cdphe.colorado.gov/food-safety-and-licensing for more information.

  Retail Food License Provided: Yes ____ No ____ Applied ____

  _____ Applicant Initials _____ Licensing Officer Initials

- Is your business a State-Regulated Entity?

  Yes ____ No ____

  If yes, licensing is required through the Colorado Department of Regulatory Agency. Please visit dora.colorado.gov for more information.

  DORA Issued License Provided: Yes ____ No ____ Applied ____

  _____ Applicant Initials _____ Licensing Officers Initials

Signature of Applicant

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Town Action on Application

Date Application and Application Materials Received: _____

License Approved: _____
Date: _____
License Number: _____
Signature of Licensing Official: _____
License Expiration Date: ___September 1st, 2027_____

License Approved with Conditions: _____
Date: _____
Conditions: _____

License Denied: _____
Date: _____
Reason for Denial: _____
_____