



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 1<sup>st</sup> 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
- Colorado State Sales Tax License, issued by the Colorado Department of Revenue. Please visit [tax.colorado.gov](http://tax.colorado.gov) for more information.

## **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](http://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](http://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](http://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](http://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: \_\_\_\_\_

License Expiration Date: September 1<sup>st</sup>, 2024 \_\_\_\_\_

License Approved with Conditions: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

License Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_