

Financial Services
Sales Tax Division

215 North Mason Street, 2nd Floor P.O. Box 580 Fort Collins, CO 80522

970.221.6780 970.221.6782 - fax fcgov.com/salestax

AUTHORIZATION TO UTILIZE PROPERTY

I, the undersigned owner of the prer	nises at	, hereby consent to the
occupancy of said premises by	mises atf Business Name	or the sole purpose of conducting
retail sales and providing off-street partime for which this consent is valid a	parking of motor vehicles for customers.	The hours of operation and period of
Hours	a.m. to	p.m.
Days of week		
Dates		
I understand thatabove under the terms and condition Colorado, including vacating premis	will operate his/hns of an Outdoor Vendor License to be it es from 3:00 a.m. to 7:00 a.m.	er business on the premises described issued by the City of Fort Collins,
In the event the licensee violates an a license, this consent may be with		nse or attempts to operate without such
	minor amendment from the Building and ore than three days per calendar week.	d Zoning department in order to have
I further understand that in issuing s regarding the licensee's business or	such license, the City of Fort Collins assi peration.	umes no legal liability or duty of care
release the City, its employees, office	cers, agents and assignees from all liabi	nefit to myself and the licensee, I hereby lity for claims of damages of any kind luct of the licensee's business operation
Signature of Property Owner or Auth	norized Agent	Date
Print Name of Property Owner or Au	uthorized Agent	Email
Company Name of Property Owner		Telephone Number