

OUTDOOR VENDOR MODIFICATION

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD.

Applicant Business Name	City License Number	

If on private property, location(s) of operation:	Days and hours of operation:	

If on public property, location(s) of operation:	Days and hours of operation:	

OATH	OF	APPL	ICANT

I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge that it is my responsibility to become familiar, and comply, with the provisions of Chapter 15, Article XVI of the Code of the City of Fort Collins.

Signature	Title	Date

Application Attachments:

- Site plan if location is on private property showing the location of all existing and proposed structures, access, equipment and parking.
- Authorization to Utilize Property

Applications should be submitted to:

City of Fort Collins Sales Tax Division 215 N. Mason Street, 2nd Floor Fort Collins, CO 80522-0580 Phone: 970-221-6780