



OUTDOOR VENDOR LICENSE APPLICATION

FORM MUST BE FILLED OUT COMPLETELY & SUBMITTED WITHIN 5 WORKING DAYS
PRIOR TO FIRST DAY OF PROPOSED OPERATION

Fee: _____
Bond: _____
Date Paid: _____

Type of Ownership (mark one)

Individual	Partnership	Corporation	
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PLEASE TYPE OR PRINT:

Name of Business _____

Permanent Business Address _____

Mailing Address _____ Phone _____

Owners/Officers

Name	Home Address	Phone

Representative(s) in Fort Collins

Name	Fort Collins Address & Phone	Permanent Address & Phone

Type of operation/event: _____

Description of items to be sold: _____

Description of manner in which items will be sold (cart, table, booth, etc.) _____

Date of operation/event: From: _____ To: _____ If a mobile truck, license plate#: _____

Proposed hours of operation: _____

Location(s) for which application is made: _____

Signature of Applicant

Date

Instructions

1. Submit a written consent of property owner if conducting business on private property.
2. Submit proof of liability insurance if conducting business upon a public right-of-way or publicly-owned property. (If applicable)
3. Submit a surety bond in the amount of \$250.00 if you have not been previously licensed under the provisions of Chapters 15 & 23 of the City Code or own real property within the city limits of Fort Collins.
4. Submit license fee of \$10.00 per month.
5. Submit a site plan indicating location of vending operation in relation to lot.
6. Sign and return application along with all other required items to the City of Fort Collins Finance Department/Treasury Administrative Division, 215 N. Mason St., 2nd Floor, P.O. Box 580, Fort Collins, CO 80524.

For Office Use Only

ZONING

Approved: _____ Disapproved: _____

Conditions for approval: _____

Reason for denial: _____

Zoning Administrator/Agent: _____ Date: _____
Signature

TRANSPORTATION

Approved: _____ Disapproved: _____

Conditions for approval: _____

Reason for denial: _____

Traffic Engineer/Agent: _____ Date: _____
Signature

CLRS

Approved: _____ Disapproved: _____ Parks Permit#: _____ Date Issued: _____

Conditions for approval: _____

Reason for denial: _____

Director of CLRS/Agent: _____ Date: _____
Signature

ENGINEERING

Approved: _____ Disapproved: _____

Conditions for approval: _____

Reason for denial: _____

Director of Engineering/Agent: _____ Date: _____
Signature

Sales Tax License Issued: _____ Temporary Sales Tax License: _____

Approved By: _____ Date _____ License Number: _____