



OUTDOOR VENDOR CHECKLIST

Please read thoroughly - incomplete applications cannot be processed

- Outdoor Vendor License Application (attached)
- You must have a valid City Sales Tax License – if you do not you must apply for one first and can do so at: <https://fortcollins.munirevs.com/>
- Copy of your valid Larimer County Health Permit – *food vendors only*
- Images and dimensions of all 4 sides of structure or vehicle/cart etc. must be submitted at least once and again if changes have been made to the structure or vehicle/cart etc.
- Images and dimensions of all signs proposed to be utilized by the applicant. Banners and flags to be permitted through zoning@fcgov.com
- Copy/Image of current PFA inspection tag for tented vendors and food vendors – *Contact PFA to schedule inspection, (970) 416-2891 or visit: www.poudre-fire.org/home*
- Payment: \$60.00 for six months OR \$120 for 12 months

IF you plan to vend on **public property**, you must provide proof of insurance with the City named as an additional insured and certificate holder.

- *Vendors of miscellaneous goods and services may only vend on private property*

IF you plan to vend on **private property that has not been approved by Zoning as a stationary vendor site** (see chart below) you need written permission from the private property owner using the **Authorization to Utilize Property** form (attached).

IF you plan to vend at one of the **approved stationary vendor sites** (see chart below) please submit your signed **Vendor’s Affidavit for Business Use** to be at the stationary vendor site. **NO ADDITIONAL DOCUMENTATION IS NEEDED FROM THE PROPERTY OWNER.**

UPON APPROVAL TO VEND AT THE REQUESTED LOCATION – YOU WILL BE GIVEN A SPECIFIC LOCATION WHERE YOU CAN SET UP AT THAT PROPERTY.

THIS IS YOUR SITE PLAN AND IT MUST BE ADHERED TO PER OUR ZONING DEPARTMENT.



Please submit your complete packet by email to: tkeegan@fcgov.com
You are also welcomed to contact Trelene Keegan directly with any questions at (970) 221-6527

Approved Stationary Vendor Sites

Please sign your affidavit granting permission to vend and a site plan will be provided to you

Address	Site
Maxline Brewing	2724 McClelland Dr
Stodgy Brewing	1802 Laporte Ave
Insulated Superstructures	1901 E Prospect
Brooke's Two Bit Barber Shop	602 S College
Thirsty's Liquor	1001 S Lemay
New Belgium Brewery	500 Linden St
Kmart	2535 S College Ave
La-Z-Boy	4621 S Timberline
Home Depot	4502 JFK
Home Depot	1251 E Magnolia
Summit View Church	1601 W Drake Rd
Odell Brewing	800 E Lincoln Ave



LICENSE APPLICATION OUTDOOR VENDOR

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD.

Business Type (check all that apply): <input type="checkbox"/> Mobile food truck <input type="checkbox"/> Neighborhood mobile food vendor <input type="checkbox"/> Outdoor vendor of miscellaneous goods & services <input type="checkbox"/> Outdoor vendor of transportation services <input type="checkbox"/> Pushcart **VENDING >3 DAYS/WK AT ONE LOCATION REQUIRES STATIONARY VENDING APPROVAL**		Application Type (check one): <input type="checkbox"/> New License <input type="checkbox"/> Renewal Period of operation (check one): <input type="checkbox"/> Six months / \$60.00 <input type="checkbox"/> Year / \$120.00 <input type="checkbox"/> Proposed period of operation if less than the entire six- or twelve-month period / \$60.00, please list below: _____		
Applicant Name Trade Name (doing business as)		Applicant is (check one): <input type="checkbox"/> individual <input type="checkbox"/> corporation (State ____) <input type="checkbox"/> partnership <input type="checkbox"/> limited liability company <input type="checkbox"/> association <input type="checkbox"/> other (please specify): _____		
Business Address		City	State	Zip
Business Phone	Business Fax	Email Address		
Mailing Address (if different from business address)		City	State	Zip
Name and Phone Number of Manager on Site (if different from applicant):				
City Sales Tax License No.:	Larimer County Health Permit Exp Date (if applicable):	PFA Permit Issue Date: (Food truck/Tented vendors only)		
Owner/Officer: If the Applicant is a corporation, partnership, limited liability company, association, or other type of entity, list at least one officer, director, partner, or member.				
Name	Home Address, City, State, Zip	Telephone #	Position/Title	

IF on PUBLIC PROPERTY, list proposed location(s) of operation with days and hours:
If on PRIVATE PROPERTY WITHOUT STATIONARY VENDING APPROVAL, list proposed location(s) with days and hours at each. YOU MUST HAVE A SIGNED AUTHORIZATION FORM FROM EACH PROPERTY OWNER AND IT MUST MATCH THE DAYS AND HOURS YOU LIST HERE.

<p>If on PRIVATE PROPERTY <u>WITH STATIONARY VENDING APPROVAL</u>, list proposed location(s). YOU MUST SIGN A VENDOR'S AFFIDAVIT FOR BUSINESS USE for each location.</p>		
<p>Type of operation to be conducted (type of services, goods, wares, or merchandise to be offered):</p>		
<p>Description of the design of any vehicle, pushcart, kiosk, table, chair, stand, box, container of other structure or display device to be used in the operation by the applicant including:</p> <ul style="list-style-type: none"> - Images <u>and</u> dimensions of all 4 sides of structure or vehicle/cart etc. MUST be on file or provided upon request. - Images <u>and</u> dimensions of all signs, attached or detached, proposed to be utilized by the applicant MUST be on file or provided upon request. 		
<p>License plate number and registration information of any vehicle to be used:</p>		
<p>OATH OF APPLICANT</p>		
<p>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.</p>		
<p>Signature</p>	<p>Title</p>	<p>Date</p>

Application Attachments:

- Authorization to Utilize Property (if applicable) – *MUST MATCH APPLICATION*
- Vendor's Affidavit for Business Use of Stationary Vending Site (if applicable)
- If on public property, provide insurance certificate – City named as additional insured and certificate holder. (Commercial General Liability with a Combined Single Limit of \$500,000 per occurrence and Products Liability with a Combined Single Limit of \$500,000 per occurrence.
- If vending of food, Copy of Larimer County Health Permit.
- PFA proof of inspection – food truck and tented vendors
- Images of all sides of setup (must be on file or submitted upon request)
- Payment of either \$60.00 or \$120.00 (online)
<https://fortcollins.munirevs.com/>

Applications should be submitted to:

City of Fort Collins
Sales Tax Division
215 N. Mason Street, 2nd Floor
Fort Collins, CO 80522-0580
Phone: 970-221-6527
tkeegan@fcgov.com



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
 FOR PRIVATE PROPERTY NOT APPROVED FOR STATIONARY VENDING
 DAYS/HOURS MUST MATCH LICENSE APPLICATION**

I, the undersigned owner of the property at _____(address), hereby consent to the occupancy of said property by _____ (vendor name) for the sole purpose of conducting retail sales and providing off-street parking of motor vehicles for customers. The hours of operation and period for which this consent is valid are as follows:

Hours _____ a.m./p.m. to _____ a.m./p.m.

Days of week _____
YOU MAY NOT VEND MORE THAN 3 DAYS PER WEEK AT A LOCATION

Dates _____

I understand that _____ (vendor name) will operate his/her business on the premises described above under the terms and conditions of an Outdoor Vendor License to be issued by the City of Fort Collins, Colorado, including vacating premises from 3:00 a.m. to 7:00 a.m.

I FURTHER UNDERSTAND THAT I MUST APPLY FOR A MINOR AMENDMENT THROUGH THE ZONING DEPARTMENT TO ESTABLISH OUTDOOR VENDING MORE THAN 3 DAYS PER WEEK.

In the event the licensee violates any of the terms and conditions of the license or attempts to operate without such a license, this consent may be withdrawn without notice.

I further understand that in issuing such license, the City of Fort Collins assumes no legal liability or duty of care regarding the licensee's business operation.

In consideration of the City's issuance of said license which is of mutual benefit to myself and the licensee, I hereby release the City, its employees, officers, agents, and assignees from all liability for claims of damages of any kind whatsoever, present or future in any way relating to or arising from the conduct of the licensee's business operation on my premises.

 Signature of Property Owner or Authorized Agent

 Date

 Print Name of Property Owner or Authorized Agent

 Email

 Company Name of Property Owner

 Telephone Number



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

VENDOR’S AFFIDAVIT FOR BUSINESS USE OF A STATIONARY VENDING SITE

The purpose of this statement is to provide written confirmation that I, _____ (owner name) of _____ (mobile business name), have been given permission to operate and conduct business at _____ (property name and address) for the duration of my outdoor vendor license.

This location has been approved by the Zoning Department as a stationary vending site and I will vend from this location as scheduled by the property owner.

I understand that I must operate my business on the premises under the terms and conditions of an Outdoor Vendor License to be issued by the City of Fort Collins, Colorado, including vacating premises from 3:00 a.m. to 7:00 a.m.

If I violate any of the terms and conditions of the license or attempt to operate without such a license, this consent may be withdrawn without notice.

I understand that upon renewing my outdoor vendor license a new affidavit must be signed for each stationary vending site, should I choose to continue to vend at that location.

I further understand that in issuing such license, the City of Fort Collins assumes no legal liability or duty of care regarding my business operation.

In consideration of the City's issuance of said license which is of mutual benefit to myself and the property owner, I hereby release the City, its employees, officers, agents, and assignees from all liability for claims of damages of any kind whatsoever, present or future in any way relating to or arising from the conduct of the licensee's business operation on my premises.

 Signature of Mobile Vendor Owner or Authorized Agent

 Date

 Print Name of Mobile Vendor Owner or Authorized Agent

 Email

 Telephone Number