



## OUTDOOR VENDOR CHECKLIST

Please read thoroughly - incomplete applications cannot be processed

- Outdoor Vendor License Application (attached)
- Valid City Sales Tax License –apply here: <https://fortcollins.munirevs.com/>
- Copy of your valid Larimer County Health Permit (current health permits from other counties are acceptable) – *food vendors only*
- 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](http://www.poudre-fire.org/home) Passing inspections from other city fire authorities are acceptable*
- 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](mailto:zoning@fcgov.com)
- 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 APPROVED TO VEND AT THE REQUESTED LOCATION – YOU WILL BE GIVEN A SPECIFIC LOCATION WHERE YOU CAN SET UP AT THAT PROPERTY**



Please submit your complete packet within your online account *OR* by email to:

[tkeegan@fcgov.com](mailto: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*

<b>Address</b>	<b>Site</b>
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
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
Mythmaker Brewing	1035 S Taft Hill Rd
Car Dealership	2601 S College Ave
Zwei Brewing	4612 S Mason St



# LICENSE APPLICATION OUTDOOR VENDOR

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD.

<b>Business Type (check all that apply):</b> <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  <b>**VENDING &gt;3 DAYS/WK AT ONE LOCATION REQUIRES STATIONARY VENDING APPROVAL**</b>		<b>Application Type (check one):</b> <input type="checkbox"/> New License <input type="checkbox"/> Renewal  <b>Period of operation (check one):</b> <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: _____		
<b>Applicant Name</b>  <b>Trade Name (doing business as)</b>		<b>Applicant is (check one):</b> <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): _____		
<b>Business Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Business Phone</b>	<b>Business Fax</b>	<b>Email Address</b>		
<b>Mailing Address (if different from business address)</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Name and Phone Number of Manager on Site (if different from applicant):</b>				
<b>City Sales Tax License No.:</b>	<b>Larimer County Health Permit Exp Date (if applicable):</b>	<b>PFA Permit Issue Date:</b> (Food truck/Tented vendors only)		
<b>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.</b>				
<b>Name</b>	<b>Home Address, City, State, Zip</b>	<b>Telephone #</b>	<b>Position/Title</b>	

<b>IF on PUBLIC PROPERTY, list proposed location(s) of operation with days and hours:</b>
<b>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.</b>

<p><b>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.</b></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"> <li>- Images <u>and</u> dimensions of all 4 sides of structure or vehicle/cart etc. MUST be on file or provided upon request.</li> <li>- 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.</li> </ul>		
<p>License plate number and registration information of any vehicle to be used:</p>		
<p><b>OATH OF APPLICANT</b></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><b>Signature</b></p>	<p><b>Title</b></p>	<p><b>Date</b></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, 2<sup>nd</sup> Floor  
Fort Collins, CO 80522-0580  
Phone: 970-221-6527  
[tkeegan@fcgov.com](mailto:tkeegan@fcgov.com)



**Financial Services**  
 Sales Tax Division  
 215 North Mason Street, 2<sup>nd</sup> Floor  
 P.O. Box 580  
 Fort Collins, CO 80522  
**970.221.6780**  
 970.221.6782 - fax  
[fcgov.com/salestax](http://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



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[fcgov.com/salestax](http://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