

## LICENSE APPLICATION OUTDOOR VENDOR

## INFORMATION ON THIS APPLICATION IS PUBLIC RECORD.

Business Type (check all that apply):		Application Type (check one):				
<ul> <li>Mobile food truck</li> <li>Neighborhood mobile food vendor</li> <li>Outdoor vendor of miscellaneous goods &amp; services</li> <li>Outdoor vendor of transportation services</li> <li>Pushcart</li> </ul>		□ New License       □ Renewal         Period of operation (check one):       □         □ Six months / \$60.00       □ Year / \$120.00				
Applicant Name		Applicant is (check one):				
Trade Name (doing business as)		□ individual       □ corporation (State?)         □ partnership       □ limited liability company         □ association       □ 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 or Supervisor During Proposed Period of Operation (if different from applicant):						
City Sales Tax No.	State Sales Tax No.	Larimer County Sales Tax No.		Larimer County Health Permit (if applicable) Issue Date:		
Owners/Officers: If the Applicant is a corporation, partnership, limited liability company, association, or other type of entity, list all officers, directors, partners, or members. If more than two, list others on separate sheet.						
Name	Home Address, City, State, Z	ip Telephone #	Position/Title	% Interest		

Proposed period of operation if less than the entire six or twelve	month license period:
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:					
Type of operation to be conducted (type of services, goods, wares or merchandise to be offered):						
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 the size and color, together with any logo, printing or sign						
which will be utilized by the applicant. License plate number and registration information of any vehicle to be used.						
License plate number and registration information of any	vehicle to be used:					
OATH OF APPLICANT						
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
- 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.
- Colorado Secretary of State Document of Good Standing.
- Copies of City, County and State sales tax licenses.
- If vending of food, Copy of Larimer County Health Permit.

## 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: 970-221-6780