



LICENSE APPLICATION SPECIAL VENDING EVENT

A Special Vending License is issued to a person responsible for an occasional, temporary event located solely on a single private lot when the event does not require the issuance of a special events permit under Chapter 23.5.

The number and type of outdoor vendors to be allowed as part of a licensed event shall be determined by the Financial Officer based on the specific circumstances of the proposed event, including, but no limited to the location of the event, the size of the lot where the event is held, the types of surrounding land uses and their proximity to the event and any other potential impacts on public health, safety and welfare that the proposed event may have.

Application Type (check one): <input type="checkbox"/> New License <input type="checkbox"/> Renewal <input type="checkbox"/> Modification		License Fee: \$30 for up to 3 days.	
Applicant Name		Trade Name (doing business as)	
Business Address		City	State
Business Phone		Business Fax	Zip
Business Phone	Email Address		
Mailing Address (if different from business address)		City	State
Name and Phone Number of Manager or Supervisor During Proposed Period of Operation (if different from applicant):			
Date(s) of special vending event		Nature of Event	
Address of event			
Provide a sketch of the private lot and the location of the vendors on the lot.			

Participating Vendors:

Vendor's Name	Address	Telephone	Product/Service Provided
Vendor's Name	Address	Telephone	Product/Service Provided
Vendor's Name	Address	Telephone	Product/Service Provided
Vendor's Name	Address	Telephone	Product/Service Provided
Vendor's Name	Address	Telephone	Product/Service Provided
Vendor's Name	Address	Telephone	Product/Service Provided
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Vendor's Name	Address	Telephone	Product/Service Provided

OATH OF APPLICANT		
<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>		
Signature	Title	Date

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

FOR OFFICE USE ONLY: