Town of San Luis

408 Main Street, San Luis, CO • (719) 672-3321 • Fax: (719) 672-3553 • townofsanluis@yahoo.com

Peddlers License Application

Name of Business:			
Applicant's Full Name:			
Mailing Address:			
City:	State:		_Zip:
Cell Phone:		Email:	
If applicant is acting as an agent or list the name and address of applica	ants' principal o	or employer and th	e owner of the business.
Business or Owner:			
			_Zip:
Business Phone:		_ Business Fax:	
Name or title of the proposed busin	less, profession,	, or occupation: $_$	
Exact nature of the proposed busin	ess to be license	ed:	

The applicant acknowledges and agrees that it is the applicants' sole responsibility to determine all requirements for, and to obtain any and all licenses, certificates, permits, or other authorizations required by federal, state, county or other laws or regulations for the operation of the applicants' business. The applicant hereby agrees to obtain, any such license, certificate, permit, or other authorization before any business is operated or conducted within the Town of San Luis. A Peddler's Permit can be obtained for either quarterly or yearly use. Permit approval is expressly conditioned upon the applicants' obtaining all necessary or required licenses, certificates, permits, or other authorizations as required by federal regulation or law, state regulations or law, county regulations or law, or any other authorization required to operate such business.

The applicant states and alleges that all information and statements contained herein are true and accurate.

Signed:	Date:	
Printed Name:	Title:	
For Office Use Only		
Fee: \$	Date Received:	
Permit Type: 🛛 Quarterly (3 months) 🗅 Yearly	Approved: YES NO	