

# Town of San Luis

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

## Vendor Application

Name of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Time(s): \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If vendor is acting as an agent or employee list the name and address of business or owner:

Business or Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What are you selling?  Merchandise  Food  Other: \_\_\_\_\_

Please describe the products you are selling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant acknowledges and agrees that it is the vendor's 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. The applicant also acknowledges and agrees that the Vendor Permit is a one time permit for the above stated Special Event, date(s) and time(s).

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: \_\_\_\_\_

Approved:  YES  NO