



PEDDLERS PERMIT APPLICATION

408 Main Street, P.O. Box 200, San Luis, CO 81152
Office: (719) 672-3321 • Fax: (719) 672-3553
townclerk@townofsanluisco.org • www.townofsanluisco.org

Name of Business: _____

Applicant's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

If applicant is acting as an agent or employee, or if applicant is not the owner of the proposed business, list the name and address of applicants' principal or employer and the owner of the business.

Business or Owner: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Name or title of the proposed business, profession, or occupation: _____

Exact nature of the proposed business to be licensed: _____

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