



VENDOR 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 Vendor Business: _____

Vending Date(s): _____ Vending 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