



OUTDOOR VENDING PERMIT APPLICATION

Location: _____
Permit Dates: _____
Staff Use Only

Per the Salida Municipal Code, all temporary commercial activities including (but not limited to) food carts, trucks or trailers, fireworks stands, artisan booths, farmers' market or farm stands, holiday tree sales, etc. require a permit to operate within city limits, regardless of the location or duration. For events with multiple vendors, please use the Multiple Vendor Event Permit application.

CONTACT INFORMATION

Business Name: _____ Colorado Sales Tax #: _____

Name of Applicant/Business Owner: _____ Phone Number: _____

Mailing Address: _____ Email Address: _____

Property Owner Name: _____

Phone Number: _____ Email Address: _____

BASIC INFORMATION

Description of Business: (type of goods sold, services rendered, etc.) _____

Is the Proposed Location for Vending on Public or Private Property? (Check one) Public Private

Specific Location Proposed (Street Address/Description): _____

Please attach a site plan showing location of your activity. Also please note that vending on public property is only permitted in Alpine Park, Centennial Park, and Marvin Park. Vending is not permitted on City sidewalks or public parking lots, and only (2) vendors are allowed in one public location at any one time.

Length of Time Desired and Permit Fee*:

- _____ 10 Consecutive Days (\$50.00)
- _____ 45 Consecutive Days (\$100.00)
- _____ 180 Consecutive Days (\$200.00)
- _____ 365 Consecutive Days (\$400.00)

Staff Use Only
Zoning: _____

**Please note that a Fire Inspection Fee of \$25.00 will also be required for each permit.*

Requested Dates of Operation: _____ Expected Hours of Operation: _____

Please note, application must be submitted ≤ 7 days before vending begins. Note: No earlier/later than park hours if in a park

Description of Vending Vehicle/Structure (e.g. type, dimensions, etc.) *Please attach photo of vending vehicle or device.*

Will the operation use a generator?: Yes No Will the operation use lights?: Yes No

(If on Public Property) Will you require Public Utilities? If so, Please Explain: _____

Please note: Use of public utilities is subject to approval depending on location and availability and may involve additional fees.

Business Liability Insurance Policy # (If Vending on Public Property) _____ Expiration Date _____

Please Attach a Copy of Insurance Policy.

Does Your Operation Involve the Sale of Food? Yes No

If yes, is a license to sell your food required by the Colorado Department of Public Health and Environment?

Yes No (Not Sure? Contact the Chaffee County Health Department at 539-2124).

If yes, please provide the account # of your License to Operate a Retail Food Establishment: _____

Please attach a copy of the license to this application.

NOTES

Signage:

A maximum of two (2) signs up to 24 square feet each are permitted. One (1) sign is permitted to be a maximum of 15 feet from the vending device or vehicle.

Fire Inspection:

All temporary commercial activities will receive a minimum of one fire inspection prior to or during operation. An operable, certified fire extinguisher is required for any temporary commercial activity/operation.

Waste and Grease:

All waste from activity must be removed and properly disposed of from the site on a daily basis. Any grease produced from food preparation must be disposed of in accordance with Chaffee County Health regulations.

Sales Tax:

Vendors shall remit appropriate sales tax to State of Colorado and must have sales tax license visible at all times.

SUPPLEMENTAL INFORMATION CHECKLIST

1. ___ Site plan including property boundaries, all parking and outdoor seating (if applicable), etc.
2. ___ Copy of Colorado sales tax license
3. ___ Copy of business liability insurance
4. ___ Copy of insurance & registration for vehicle or vending device (if applicable)
5. ___ Copy of lease or signed owner authorization
6. ___ Photograph of vending device or vehicle
7. ___ Copy of license to operate a retail food establishment (if applicable)
8. ___ Description of your sign dimensions (following the above sign requirements)
9. ___ Check or cash for fee, related to fee schedule above

To the best of my knowledge, the above and foregoing, information is true and correct. I understand that failure to disclose any of the required information or the falsification of any of the required information shall cause immediate denial of the license, for which the applicant has applied.

Applicant Signature

Date submitted

Approval:

City Administrator or Designee

Date of Approval