



City of Salida

Multiple Vendor Event Permit Application

Date of Application: _____

Event Name: _____

Event Location(s): _____

Date(s) & Time(s) of Event: _____

Individual or Organization Sponsor(s): _____

Address: _____

Phone: _____ Email: _____

Contact Person: _____

Phone: _____ Email: _____

Participating Vendors *NOTE: It is required that you provide a copy of the current state license for each vendor.*

If additional space is needed, please attach a list of additional participating vendors.



Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City of Salida to be named as an additional insured).

Is a Copy of Insurance Attached? (Yes or No) _____

Required Fees & Checklist:

- \$75 Application Fee
- \$20 per participating vendor. Number of Vendors _____ x \$20 = _____
- Current Colorado Sales Tax License for each participating vendor
- Proof of Insurance

Please Sign

Event Sponsor: _____ Date: _____

City of Salida: _____ Date: _____