



**City of Salida
Multiple Vendor Event Permit Application**

Date of Application _____

Event Name: _____

1. Event location(s): _____

2. Date(s) & times(s) of event: _____

3. Individual or organization sponsor(s): _____

Address: _____

Phone: _____ E-mail: _____

4. Contact Person: _____

Phone: _____ E-mail: _____

5. List Participating Vendors:

**REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE
FOR EACH VENDOR**

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

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

Copy of Insurance Attached (Yes or No) _____

Required Fees and 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

Signed:

Event Sponsor: _____

City of Salida: _____

Date: _____

Date: _____