



CITY OF FORT MORGAN
CITY CLERK
P.O. BOX 100
FORT MORGAN, CO 80701
970-542-3960; FAX: 970-542-3968

APPLICATION FOR TEMPORARY CITY SALES TAX LICENSE

Today's Date _____

Business Name (dba) _____

Business Address _____

Business Phone No. _____

Type of Activity _____

Date of Activity/Event _____ Hours: _____

Location of Activity _____

BUSINESS OWNER MUST:

- 1. Pay a fee of \$25.00 to The City of Fort Morgan for a Temporary Permit
2. Provide a map showing the location of the business/event in the parking lot, including the number of parking spaces that will be given up for the business.
3. Does the event require electricity for operation? Yes No
If yes, contact the Utility Billing Department at 710 East Railroad Avenue.
4. Does the event require sanitation service from the City? Yes No
If yes, contact the Utility Billing Department at 710 East Railroad Avenue.
If no, provide the name and arrangement with the vendor who will provide this service.
5. Does the event require water for operation? Yes No
If yes, contact the Utility Billing Department at 710 East Railroad Avenue.
6. Provide a copy of Your State Sales Tax License Number
NAME and OWNER NAME MUST BE THE SAME AS STATE SALES TAX LICENSE
(Attach a Copy of Your Colorado State Sales Tax License)

CONSENT OF PROPERTY OWNER:

Name of Property Owner _____

Mailing Address of Property Owner (if different than Business) _____

Owner Phone No. (if different than Business) _____

- 1. The Business Owner must provide a Letter of authorization from the property owner stating dates, square footage of the existing business and information about the number of off-street parking spaces
2. Provide a Certificate of Insurance

(Signature of Applicant)

OFFICE USE ONLY

PLANNING & ZONING DEPARTMENT: ZONING DISTRICT _____ DOES THIS COMPLY WITH THE ZONING AND LAND USE CODE? _____ (YES/NO)

COMMENTS: _____

DATE: _____

Approved by Director of Community Development

_____ Approved by Fort Morgan Police Department Comments: _____

_____ Approved by Fort Morgan Fire Department Comments: _____

_____ Approved by Utility Billing, if applicable _____

_____ Copy of State Sales Tax License

_____ Letter of authorization from the property owner

_____ Dates

_____ Square footage of existing business

_____ Number of off-Street parking spaces

_____ Map

_____ Location of the mobile business in the parking lot

_____ Number of parking spaces given up for the mobile business

CITY SALES TAX LICENSE NO. _____ **DATE ISSUED:** _____

FOR YOUR INFORMATION ONLY:

COPIES SUBMITTED TO: _____ **POLICE DEPT** _____ **WWTP** _____ **FIRE DEPT**