



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

**MOBILE BUSINESS
APPLICATION FOR CITY SALES TAX LICENSE**

Today's Date: _____

Effective Date/s of Business in 2016: _____ to _____
(month/day) (month/day)

Fee for 2016 (\$600/year): \$ _____

State Sales Tax License Number: _____

**BUSINESS NAME and OWNER NAME MUST BE THE SAME AS STATE SALES TAX LICENSE
(Attach a Copy of Your Colorado State Sales Tax License)**

Business Name (dba): _____

Business Address in Fort Morgan: _____

Type of Business: _____

Name of Owner: _____

Mailing Address of Owner: _____

Owner Phone No.: _____

The Business owner must supply all of the following information along with their application at the beginning of each year or when the business is open:

1. Copy of State Sales Tax License
2. Letter of authorization from the property owner stating: owner name/address/telephone number, dates of mobile business, square footage of the existing business and information about the number of off-street parking spaces.
3. Map showing the location of the mobile business on the lot, including the number of parking spaces that will be given up for the mobile business.
4. Copy of Health Department Inspection, if selling food.
5. Does the unit require electricity for operation? _____ Yes _____ No
If yes, contact Mike Kirkendall, Electrical Inspector, at 710 E. Railroad Avenue.

Contact the Utility Billing Department at 710 E. Railroad Avenue regarding utility services.

(Signature of Applicant)

CITY 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 Building/Electrical Inspector. Comments: _____

_____ Approved by Utility Billing. Comments: _____

_____ Copy of State Sales Tax License

_____ Letter of authorization from the property owner:

_____ Property owner name/address/telephone

_____ Dates of business

_____ 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 INFORMATION ONLY

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