



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 _____

Effective Date of Business _____

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 _____

Business Phone No. _____

Type of Business _____

Name of Owner _____

Mailing Address of Owner (if different than Business) _____

Owner Phone No. (if different than Business) _____

Type of Ownership _____

If Branch, Corporate Address _____

Corporate Phone No. _____

The Business owner must supply all of the following information along with their application:

- 1. Copy of State Sales Tax License
2. 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
3. Map showing the location of the mobile business in the parking 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. Certificate of Insurance
6. Does the event require electricity for operation? Yes No
If yes, contact Mike Kirkendall, Electrical Inspector at 710 E. Railroad Avenue.
7. Contact the Utility Billing Department at 710 E. Railroad Avenue regarding utility services.

(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**