



CITY OF FORT MORGAN  
OFFICE OF THE CITY CLERK  
110 MAIN STREET, P.O. BOX 100  
FORT MORGAN, CO 80701  
(970) 542-3960; FAX (970) 542-3968

## APPLICATION FOR FARMERS MARKET SALES TAX LICENSE

Today's Date: \_\_\_\_\_

Effective Dates of Business: \_\_\_\_\_

Name of Vendor/Owner: \_\_\_\_\_

Business Name (dba) (if applicable): \_\_\_\_\_

Mailing Address of Vendor/Owner: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Business Name at Location Selling Goods: \_\_\_\_\_

Address Where Selling Goods: \_\_\_\_\_

Type of Business/Selling What: \_\_\_\_\_

**The Business/Food Owner must supply all of the following information along with their application:**

1. A letter of authorization from the property owner that includes:
  - a. Beginning and ending dates the vendor is authorized to sell food on the property.
  - b. Square footage of any building/s on the property.
  - c. Square footage of space to be utilized for the farmers market (number of parking spaces).
  - d. Number of off-street parking spaces in the whole lot.
2. Map showing the location/s of any building/s on the property, the location of the farmers market on the lot and the number of parking spaces that will be given up for the market.

\_\_\_\_\_  
(Signature of Applicant)

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**OFFICE USE ONLY**

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

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Approval of Director of Community Development**

**DATE:** \_\_\_\_\_

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**CITY CLERK CHECKLIST**

\_\_\_\_\_ Letter of authorization from the Property Owner that includes:

\_\_\_\_\_ Beginning and ending dates of sales

\_\_\_\_\_ Square footage of any building/s on the property

\_\_\_\_\_ Square footage of the space to be utilized for the farmers market

\_\_\_\_\_ Number of parking spaces to be utilized for the farmers market

\_\_\_\_\_ Total number of off-street parking spaces

\_\_\_\_\_ Map

\_\_\_\_\_ Location of any building/s on the property

\_\_\_\_\_ Location of the farmers market business on the lot

\_\_\_\_\_ Number of parking spaces given up for the farmers market business

**CITY SALES TAX LICENSE NO.:** \_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_

**FOR YOUR INFORMATION ONLY:**

**COMPLETED COPIES TO:** \_\_\_\_\_ **POLICE DEPT** \_\_\_\_\_ **FIRE DEPT**

**DATE SENT:** \_\_\_\_\_