



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)

OFFICE USE ONLY

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

COMMENTS: _____

DATE: _____

Approval of Director of Community Development

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: _____