



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: \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Annual Fee (\$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

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**

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