



2020 PARK VENDOR APPLICATION

*Incomplete applications will not be accepted.
72-hour notice is required to obtain a permit.*

VENDOR INFORMATION

BUSINESS/ORGANIZATION NAME _____

Contact's Name _____ *Contact will be the Vending Permit Holder.*

Address _____

City/State/Zip _____

Applicant's Daytime Phone _____ Applicant's Cell Phone _____

Applicant's Email _____

PERMIT INFORMATION

Permit Type Hourly (\$10/hour) Monthly – Single Park (\$300) Monthly – Four Parks (\$1,000)

Parks Requested #1 _____ #3 _____
 #2 _____ #4 _____

Start Date _____ End Date _____

HOURLY PERMIT Start Time _____ End Time _____

AFFIDAVIT OF APPLICATION

It is agreed by the undersigned that all conditions of this permit shall be met. Violations of any of the conditions shall be basis for revocation of the permit.

Printed Name _____ Signature _____ Date _____

APPLICATION CHECKLIST:

- | | |
|--|--|
| <input type="checkbox"/> Application – Signed and Dated | <input type="checkbox"/> City of Colorado Springs Mobile Food Vendor License* |
| <input type="checkbox"/> Park Vendor Rules and Regulations – Signed and Dated* | <input type="checkbox"/> El Paso County Public Health Inspection Report* |
| <input type="checkbox"/> Colorado Sales Tax License* | <input type="checkbox"/> State of Colorado License to Operate a Retail Food Establishment* |
| <input type="checkbox"/> City of Colorado Springs Sales Tax License* | <input type="checkbox"/> Certificate of General Liability Insurance* |

Documents are kept on file until their expiration. Resubmission with each application is not required.

OFFICE USE ONLY	Permit #	Issue Date	Confirmation Date	Payment Type

RETURN TO... City of Colorado Springs
Parks, Recreation & Cultural Services Department
1401 Recreation Way
Colorado Springs, CO 80905-1024

Email:
prcs@coloradosprings.gov