

CITY OF MONTE VISTA

www.cityofmontevista.com * 95 West 1st Avenue * Monte Vista, CO 81144 * (719) 852-6171

2018 VENDOR REGISTRATION FORM FOR EVENTS

Fee: [] \$5.00 Per year. Please attach a check made payable to the City of Monte Vista

Name of Event _____

Location of Event _____

Vendor Name
(DBA): _____

DBA Mailing Address: _____

DBA Business Telephone _____

Owner Name: _____

Owner Address: _____

Owner Telephone No.: _____

Owner Email: _____

Goods to be sold: _____

Vendor must comply with all relevant State and Federal laws.

[] Food Vendors – A copy of the food service license, issued by the State of Colorado, must accompany the vendor registration form for those serving food.

[] State of Colorado Sales Tax license Number: _____ (if required under State law). Please attach a copy of the license. It is the responsibility of Vendor to remit all required sales tax through the State of Colorado reporting system.

Owner Signature

Date

FOR CITY OF MONTE VISTA STAFF USE:

Issued by: _____ Vendor Number: _____

Effective Date: _____ Expiration Date _____

Non-Transferable