

## CITY OF EVANS, COLORADO 1100 37<sup>TH</sup> STREET – EVANS, CO 80620 (970) 475-1170

## TEMPORARY VENDOR INFORMATION SHEET

Business Name:	
Business Address:	
Business Owner's Name:	
Business Owner's Address:	
Business Phone No Cell Phone No:	
Charitable Organization? Yes No	
If yes, provide your tax exempt number.	
Is your business a corporation? Yes No I	f yes, in which state is it incorporated?
Name of person managing business	Phone No
Proposed period of operation From:	To:
Hours and days of operation	
Price range of items to be sold	
Type of merchandise being sold	
Approximate value of inventory	
Location of proposed operation Written consent of property owner if sales are done fr consent letter). Will you be building or using any type of structure?	om a current business location in Evans (attach written
If yes, give a brief description	
One Day	\$ 25.00
One Week	\$ 50.00
One Month	\$ 75.00
Quarterly	\$ 100.00
City Business & Sales Tax License	
Background check (in-state)	\$ 20.00
Background check (out-of-state)	TBD
8 (,	
I have read and understand the complete application knowledge, the statement made in my application is t	on and ordinance and I certify that, to the best of my rue and complete.
Signature of Applicant	Date:
	' USE ONLY)
Background paperwork submitted: Yes No No Issuance of License: Approved Disappro	ved Date: