



TOWN OF EATON STREET VENDOR APPLICATION

1) Applicant:

Name: _____

Home Address: _____

Business Address: _____

Telephone: Home: _____ **Business:** _____ **Cell:** _____

E-Mail Address: _____

Owner (if different than applicant):

Name: _____

Home Address: _____

Business Address: _____

Telephone: Home: _____ **Business:** _____ **Cell:** _____

E-Mail Address: _____

2) Describe the type(s) of food, beverage, or merchandise to be sold: _____

3) Location where vending business will be located: _____

Landowner(s):

Name: _____

Home Address: _____

Business Address: _____

Telephone: Home: _____ **Business:** _____ **Cell:** _____

E-Mail Address: _____

4) Attach written consent of Landowner(s).

5) Describe the stand or motor vehicle to be used in the operation: _____

Any motor vehicle used, provide: License number: _____

Registration number: _____

6) Attach a picture of stand or motor vehicle to be used in the operation.

7) Attach a copy of proof of an insurance policy to do business in the State of CO. (Town listed as Cert Holder)

8) Attach a copy of certificate of inspection from the Weld County Health Department.

9) Attach a copy of certificate of inspection from Fire Marshals/Fire Department.

10) Yearly Fee: \$25.00 Date Paid: _____ **Receipt #:** _____ **or CC/DC**