

TEMPORARY VENDOR LICENSE
CITY OF GREELEY, 1000 10TH STREET, GREELEY CO 80631
970-350-9728 FAX: 970-350-9736

Applicable city code (6.05) - This license is for sales that are carried out on private property, such as a business parking lot.

Needed for initial application:

- Completion of Greeley Temporary Vendor Application

Fee determined by length of stay

Charitable organizations:		All other organizations:	
One-Day License	\$ 12.00	One-Day License:	\$ 30.00
One-Week License	25.00	One-Week License	60.00
One-Month License	35.00	One-Month License	85.00
Three-Month License	45.00	Three-Month License	110.00

- Completion of Affidavit of Lawful Presence (**Sole proprietor or individual only**)
- Sales tax deposit
 - < Deposit is determined by estimated sales.
 - < Not required if have a current city sales tax license.
- Need written permission from property owner.
- Proof of \$100,000 business or property liability insurance, unless sale is held inside a building that the owner has given written permission for use.
- 4th of July Vendors Permit
 - < One needed for each person selling on the parade route
 - < \$5.00 per person
- Completion of a Check-off list (if located in city limits)
 - < Location and zoning will need to be reviewed by the Community Development Department, unless sale is held inside a building that the owner has given written permission for use.
 - < For any type of structure being used, or for any electrical, gas or water hook-up needed--- the inspection division will need to sign off the check-off list.
 - < Exclusion for this license is listed under city code 6.05.010(b)

****Please note that you are not licensed until all required documentation is received. ****

TEMPORARY VENDOR APPLICATION

NAME:

BUSINESS NAME:

PHONE:

ADDRESS:

BUSINESS INCORPORATED? YES _____ NO _____

STATE?

MANAGER NAME:

PHONE:

MANAGER ADDRESS:

PERIOD OF OPERATION

FROM:

TO:

FEE FOR PERIOD OF OPERATION:

LOCATION OF OPERATION:

DAYS OF OPERATION:

**HOURS OF
OPERATION:**

A.M.

P.M.

TYPE OF OPERATION:

**CHARITABLE
ORGANIZATION?**

YES

NO

TYPE OF MERCHANDISE BEING SOLD:

PRICE RANGE OF ITEMS TO BE SOLD:

APPROXIMATE VALUE OF INVENTORY:

AMOUNT OF SALES TAX DEPOSIT:

DESCRIPTION OF DISPLAY UNIT OR STRUCTURE USED:

SIZE:

COLOR:

LOGO:

INSPECTION CHECK OFF LIST?

WRITTEN CONSENT OF PROPERTY OWNER?

PROOF OF LIABILITY INSURANCE OF \$100,000?

SIGNATURE

DIRECTOR OF FINANCE

AFFIDAVIT OF LAWFUL PRESENCE

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (**check one**):

___ I am a United States citizen, or

___ I am a Permanent Resident of the United States, or

___ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

For internal use only:
IDENTIFICATION PROVIDED

___ Colorado Driver's License
 ___ Colorado Identification Card Issued by Department of Motor Vehicles
 ___ United States Military Card
 ___ United States Military Dependent Identification Card
 ___ United States Coast Guard Merchant Mariner Card
 ___ Native American Tribal Document

For internal use only:
ALTERNATE I.D. PROVIDED
Only through July 1, 2007

___ Original birth certificate from any state of the United States
 ___ certificate verifying naturalized status by U.S. with photo and raised seal
 ___ Certificate verifying U.S. citizenship by U.S. government, e.g., U.S. passport
 ___ Order of adoption by a U.S. court with seal of certification
 ___ valid driver's license from any state of the U.S. or the Dist. of Columbia excluding AK, HI, IL, MD, MI, NE, NM, NC, OR, TN, TX, UT, VT and WI
 ___ Valid immigration documents demonstrating lawful presence, e.g., current foreign passport with current I-551 stamp or visa, current foreign passport with I-94, I-94 with asylum status, unexpired Resident Alien card, Permanent Resident card or Employment Authorization card

*A waiver may be available where no identification exists or can be obtained due to a medical condition, homelessness, or insufficient documentation to receive a Colorado I.D. or driver's license. Contact your department director.

ADVISEMENT REGARDING USE OF COLORADO DEPARTMENT OF REVENUE EMERGENCY RULES FOR TEMPORARY ADDITIONAL IDENTIFICATION DOCUMENTS OR PROCEDURES

The Colorado Department of Revenue requires the following advisement if the Applicant chooses to use one of the additional forms of identification authorized by its Executive Director pursuant to § 24-76.5-103(5)(a), C.R.S.:

- Under current Colorado law, in order to receive benefits beyond July 1, 2007, Applicant must produce one of the following forms of identification: a valid Colorado driver's license or a Colorado identification card issued pursuant to Article 2 of Title 42, C.R.S.; a United States military card or a military dependent's identification card; a United States Coast Guard merchant mariner card; or a Native American tribal document.
- As soon as possible, Applicant should begin working diligently to secure the appropriate identification document; and
- A determination of eligibility for benefits based on an Alternative Identification or the Electronic Identification Indicator in no way constitutes a representation that Applicant has provided sufficient information or documentation to support the issuance of one of the forms of identification set forth in § 24-7605-103(4)(a) C.R.S.

CITY OF GREELEY, COLORADO
SALES TAX LICENSE / ZONING REVIEW / OCCUPANCY CERTIFICATE

CHECK-OFF LIST

A) TO BE COMPLETED BY APPLICANT:

APPLICANT _____ DATE _____

LOCATION (not PO BOX) _____

SAME AS RESIDENCE? _____ YES _____ NO _____

PHONE NO _____ BUSINESS NAME _____

TYPE OF BUSINESS

PLEASE CHECK CORRECT ONE AND BRIEFLY DESCRIBE ACTIVITY

SALES _____ SALES & SERVICE _____ SERVICE _____

MANUFACTURING _____ OTHER _____

ACTIVITY: _____

B) TO BE COMPLETED AND SIGNED BY COMMUNITY DEVELOPMENT DEPARTMENT

Community Development 1100 10th Street, Greeley, CO 80631 Phone: (970) 350-9780 Fax: (970) 350-9800

ZONING _____ USE BY RIGHT _____

LAWFUL NON-CONFORMING _____

HOME OCCUPATION _____

MEETS HOME OCCUPATION REQUIREMENT _____

OTHER _____

COMMENTS: _____

SIGNED _____ DATE _____

C) TO BE COMPLETED AND SIGNED BY INSPECTION DIVISION

Building Inspection 1100 10th Street, Suite 114, Greeley, CO 80631 Phone: (970) 350-9830 Fax: (970) 350-9844

CERTIFICATE ISSUED _____ DATE _____

OCCUPANCY CERTIFICATE NOT REQUIRED OR PREVIOUSLY ISSUED _____

SIGNED _____ DATE _____