



DOWNTOWN TRANSIT CENTER MOBILE FOOD VENDOR APPLICATION

Background Information

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD.

Applicant Name		Trade Name (doing business as)		
Business Address		City	State	Zip
Business Phone	Business Fax	Email Address		
Mailing Address (if different from business address)		City	State	Zip
Name and Phone Number of Manager or Supervisor During Proposed Period of Operation (if different from applicant):				
Business Type: <input type="checkbox"/> Mobile food truck <input type="checkbox"/> Pushcart		License plate number and registration information of any vehicle to be used:		
Website, Facebook, and/or Other Online Information Business Links (if applicable):				
City Sales Tax No.	State Sales Tax No.	Larimer County Sales Tax No.	Larimer County Health Permit (if applicable) Issue Date:	

Operations Information

Number of months or years vendor has been in operation, and typical or most frequent location.		
Brief Description of Typical Menu Items. Attach a copy of proposed menu and prices.		
Description and dimensions of the vehicle or pushcart. Attach photo of truck/pushcart and any schematics or detailed descriptions as necessary.		
Description of accessories to be provided, if any, including signs tables, chairs, , power source, etc. Attach any additional information as necessary.		
Day(s) and Hours of Proposed Operation		
Day(s)	Time of Day and Number of Hours	Preferred Days/Times
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Oath of Applicant

I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge that it is my responsibility to become familiar, and comply, with the provisions of Chapter 15, Article XVI of the Code of the City of Fort Collins.

Signature	Title	Date
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Application Attachments

- Insurance certificate – City named as additional insured and certificate holder. (Commercial General and Vehicle Liability with a Combined Single Limit of not less than \$1,000,000 for bodily injury and property damage).
- Colorado Secretary of State Document of Good Standing (www.sos.state.co.us/pubs/BusinessAndLicensing/orderForms.html)
- Copies of City, County and State sales tax licenses.
- Copy of Larimer County Health Permit.
- C.R.S. 24-76.5-103 (United States Citizen) Affidavit
- Proposed menu and price list.
- Photo and description and/or schematics of food truck or pushcart.

Applications should be submitted to:

City of Fort Collins
Transport Administration
250 N. Mason Street
Fort Collins, CO 80522-0580
Phone: 970-416-2113