



**City of Colorado Springs**  
**Parks, Recreation & Cultural Services**  
**1401 Recreation Way**  
**Colorado Springs CO 80905**  
**Phone: 719-385-6519 Fax: 719-385-6599 e-mail: [sstang@springsgov.com](mailto:sstang@springsgov.com)**  
**Web: [www.springsgov.com/parks](http://www.springsgov.com/parks)**

Date received: _____
Time received: _____
Received by: _____

**VENDOR INFORMATION AND APPLICATION**

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Business/Organization \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Park \_\_\_\_\_ Area \_\_\_\_\_

Event \_\_\_\_\_ Date of Permit \_\_\_\_\_

Start time \_\_\_\_\_ End time \_\_\_\_\_

- Vendor will pay a per cart permit fee of: \$20 two hours; \$40 four hours; \$60 six hours; \$80 eight hours. Payment must accompany application.
- Vendor must provide the Parks, Recreation & Cultural Services with the following documents:
  - State of Colorado Sales Tax License which can be obtained from the Colorado Department of Revenue, 4420 Austin Bluffs Parkway, Colorado Springs CO 80918, 303-866-3711.
  - Inspection Report from the Colorado Department of Health and Environment, 301 S. Union Blvd, Colorado Springs CO 80910, 719-575-8635.
  - State of Colorado License to operate a retail food establishment from the Colorado Department of Health and Environment, 301 S. Union Blvd, Colorado Springs CO 80910, 719-575-8635.
  - City Sales Tax License from the City Sales Tax Office, 30 S. Nevada. #203, Colorado Springs, CO 80903, 719-385-5903.
  - Liability Insurance of one million dollars naming the City of Colorado Springs as additionally insured.
- Vendor must provide a trash receptacle, dispose of own litter, and clean area properly.
- Vendor's name shall be displayed on all vending equipment, including trash receptacle.
- Vendor's cart should be located in parking lots and not on grass.
- Vendor's are not allowed within 300 feet of a Special Event area.
- 72 hours notice is required to obtain a permit.

It is agreed by the undersigned that all conditions of this permit shall be met. Violation of any one of the conditions shall be basis for revocation of the permit.

Total Permit Fee \$ \_\_\_\_\_ Date of and form of Payment \_\_\_\_\_

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address (optional) \_\_\_\_\_

Approval Granted by Director/Designee: \_\_\_\_\_ Date \_\_\_\_\_