



CITY OF MONTE VISTA
4 Chico Camino (719) 852-5926 Fax: (719) 852-6172
Monte Vista, CO. 81144

VENDOR REGISTRATION FORM

Fee \$5.00

Paid _____

Name (Owner & DBA): _____

Home Address: _____

Business Address: _____
(If different from home address)

Home Telephone No. _____

Business Telephone No. _____

Goods to be sold: _____

Event: _____

List last three towns or cities and their address where applicant carried on business:

Vendor SURETY BOND (Amount of Bond to be \$1,000.00) Any out of State and out of County requiring prepayment for delayed delivery should submit a Surety Bond.

State Sales Tax Number _____ State _____

Please note: It is the responsibility of the vendor to produce a current and valid copy of the State of Colorado Sales Tax Special Event License to the City of Monte Vista.

Owner

Date

Issued by: _____

Effective Date: _____