

## **Town of Ignacio**

## **Vendor License Application 2024**

Date of Application:

Applicant Name:		Applicant Cell:	
Business Name:			
Mailing Address:			
Physical Address:			
Information:			
	ss with no physical address i	n Town, selling items and colle	ecting sales tax.
	or a vendor license is:		
• •	Week: \$20.00	Month: \$40.00	Year: \$75.00
Date(s) vending:		Total fee paid:	
If selling from a vehic	cle, please provide the licens	se plate number and a descrip	tion of the vehicle:
Vending Location: _			
Food establishments	must attach a current copy	of their Colorado Retail Food	Service License.
License #:			
Attach a copy of you	r photo ID:		
collect 7.9% sales ta	_	ndise within the Town of Ignac Colorado, Department of Rev	•
Sales tax license	number:		
	know that the Town of Igr is available online at www.t	nacio Municipal Code pertaini townofignacio.com.	ng to the Vendor license for INITIALS:
I agree to comply	with all requirements s	et forth in the Town of Igr	nacio Municipal Code.
Applicant Signature:		Date:	

Please make checks payable to **Town of Ignacio**. Credit/Debit cards can be used for payment. There will be a service fee added to all Credit/Debit transactions.