



Town of Monument - Farmer's Market Permit Application

645 Beacon Lite Rd., Monument CO 80132

719-481-2954

www.townofmonument.org

Attach the Following Required Supplemental Documents:

- Written Permission of Property Owner If Different From Applicant
- Colorado Retail Food Establishment License Nos for Food Vendors
- Contact Info., Sales Tax ID Nos and Photograph of Each Vendor
- El Paso County Health Dept. License Nos for Applicable Vendors
- Site Map Showing Placement of Vendors, Parking, & Loading Areas
- Proof of Liability Insurance

FOR TOWN USE ONLY:

Date Application Received: _____

Fees received: ___ CHECK ___ CREDIT CARD ___ CASH

Town of Monument BUSINESS LICENSE No. _____

DATE APPROVED: _____

Application Information	NAME OF APPLICANT (Manager of Farmer's Market)		APPLICANT'S EMAIL ADDRESS		
	COMPANY NAME		PHONE NUMBER		
	MANAGER OR COMPANY ADDRESS		CITY	STATE	ZIP+4
	FARMER'S MARKET ADDRESS		CITY	STATE	ZIP+4
	OWNER OF THE PROPERTY TO BE USED FOR THE FARMER'S MARKET		PROPERTY OWNER'S PHONE NUMBER		
	NAME OF FARMER'S MARKET		HOURS OF OPERATION		
DATES THE FARMER'S MARKET WILL BE OPERATING					

Regulations and Responsibilities	INITIALS	Please initial that you have read, understood and agree to abide by the following list of regulations and responsibilities.
		<u>Only the Following Items Can Be Sold:</u> Produce, Handcrafted Foods and Beverages, Dairy Products, Meat and Seafood, Honey and Other Products From Bees, Baked Goods, Handmade Furniture, Flowers and Plants, Handmade Arts and Clothing, Food Sold From Mobile Carts
		<u>The Following Items are Expressly Prohibited From Sale:</u> Tobacco Products, Sexually Oriented Business Items, Appliances, Electronics, and Firearms
		Managers Shall Provide All Required Approvals by the El Paso County Department of Public Health and Safety for Each Food Vendor
		Managers Shall Report Sales Tax Receipts to the Town Treasurer on a Weekly Basis
		Managers Shall Assure That All Sanitary Facilities are Maintained to Prevent Any Health or Environmental Issues
		Managers Shall Provide Contact Information and Health Dept. License Numbers, as Applicable, For Every Vendor, as Well as a Photograph of Each Vendor's Kiosk, Cart or Other Form of Setup
		Managers Shall Provide a Site Map Showing Placement of All Vendors, Parking Areas, and Loading/Unloading Areas
		Managers Shall Ensure That Vendors Comply with All Town and County Ordinances and Relevant State Statutes
		Each Holder of a Farmer's Market Permit Shall, During the Time of the Permit, Maintain Liability Insurance Coverage
		Motorized Vehicles May Not Be Parked, Stored, or Driven On any Unpaved Areas, Except for Gravel Surfaces and May Not Be Parked on Sidewalks or Blocking Any Access Ramps or Driveways
		The Playing of Musical Instruments by Individuals or Small Bands is Pursuant to General Nuisance and Noise Ordinances
		Animals Must Be Kept on a Leash
	All Vendors Shall Ensure Their Site is Safe for Customer Traffic, Including Securing All Loose Objects in High Wind Conditions, Protecting the Public From Hazards Such as Extension Cords and Items Blocking Walk Routes on Site and Public Sidewalks, and Keeping Cooking or Heating Facilities Away from Areas Open to the Public	
	Vendors Shall Remit Their Sales Tax to the Colorado Department of Revenue	

Applicant Signature

I, the undersigned, hereinafter referred to as "Applicant", affirm that I have read Chapter 5.53 of the Monument Municipal Code and agree to abide by all the requirements for a Farmer's Market Permit, and I certify that the information provided in this application is accurate. I understand that a Farmer's Market Permit is revocable in the event the permit holder violates Town or County ordinances or State Statutes, or there is an emergency that substantially interferes with the market.

SIGNATURE OF APPLICANT	PRINTED NAME	DATE
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Provide the Following Information for EACH Vendor. (Attached Extra Sheets as Needed)

Vendor Name as Listed When Reporting Taxes:	
List Item(s) Being Sold:	
Contact Person:	Phone:
Email:	Tax ID Number:
Provide License Numbers Below if Applicable and Attach a Copy of the License	
Colorado Retail Food Establishment License No.:	
El Paso County Heath Dept. License No.:	

Vendor Name as Listed When Reporting Taxes:	
List Item(s) Being Sold:	
Contact Person:	Phone:
Email:	Tax ID Number:
Provide License Numbers Below if Applicable and Attach a Copy of the License	
Colorado Retail Food Establishment License No.:	
El Paso County Heath Dept. License No.:	

Vendor Name as Listed When Reporting Taxes:	
List Item(s) Being Sold:	
Contact Person:	Phone:
Email:	Tax ID Number:
Provide License Numbers Below if Applicable and Attach a Copy of the License	
Colorado Retail Food Establishment License No.:	
El Paso County Heath Dept. License No.:	

Vendor Name as Listed When Reporting Taxes:	
List Item(s) Being Sold:	
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Email:	Tax ID Number:
Provide License Numbers Below if Applicable and Attach a Copy of the License	
Colorado Retail Food Establishment License No.:	
El Paso County Heath Dept. License No.:	

Vendor Name as Listed When Reporting Taxes:	
List Item(s) Being Sold:	
Contact Person:	Phone:
Email:	Tax ID Number:
Provide License Numbers Below if Applicable and Attach a Copy of the License	
Colorado Retail Food Establishment License No.:	
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Vendor Name as Listed When Reporting Taxes:	
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