



404 Comanche Street
Kiowa, CO 80915
Phone: (303) 621-2366
Fax: (303) 621-2595

SPECIAL EVENT VENDOR PERMIT

DATE: _____

TO BE COMPLETED BY APPLICANT

*(*REQUIRED FIELDS)*

*Business Owner Name:

*Phone:

*Email:

*Owner Address:

*City:

*State:

*Zip:

*Business Name:

Business Type:

*Business Address:

*City:

*State:

*Zip:

*Mailing Address:

*City:

*State:

*Zip:

*State Sales Tax Number:

*Special Events:

PROJECT INFORMATION

-I AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

TOWN ADMINISTRATOR/CLERK APPROVAL:

DATE:

**\$10.00 NONREFUNDABLE APPLICATION FEE DUE AT SUBMITTAL.
PLEASE MAKE CHECKS PAYABLE TO THE TOWN OF KIOWA.
YOU MAY PAY IN PERSON,
MAIL TO P.O. BOX 237, KIOWA, CO 80117,
OR PAY BY PHONE AT 303-621-2366.**