

**TOWN OF SEDGWICK
VENDOR'S LICENSE APPLICATION**

PO Box 27
29 Main Avenue
Sedgwick, CO 80749
970-463-8814

License #: _____
Issued by _____

Name

Company Name

Description of Items being sold.

Mailing Address

Phone Number

Dates you will be participating.

Sales Tax License Number
(State Requirement)

Colorado Health Dept. License Number
(State Requirement)

- A. \$15.00 per day; Table or cooler
- B. \$25.00 per day; mobile equipment trailer, campers etc.
(electric/water not included without Town Prior Approval).

License holder shall comply with the following:

- Will File/Collect/Pay own Sales Tax for State and Town (CO Dept of Rev- Form 0589
www.dor_specialevents@state.co.us)
- Food Vendors must register with Northeast Colorado Health Department (<https://www.nchd.org/retailfood>)
- Pick up all litter and refuse accumulating at the site or as result of the use
- Operation shall not block or impede access of emergence vehicles and equipment
- The Town shall not be liable for the damage caused by the operation of the vending booth
- The application fees are non-refundable once accepted to event, unless canceled by the Town
- Will gain permission from any property owner you set up in-front of, before setting up

Signature _____ Date _____

State of Colorado Department of Revenue:

Special Event Sales Tax Application for Single or Multiple Events ([DR 0589](#)).

Contact the state for information at dor_specialevents@state.co.us

Northeastern Colorado Health Department:

Coordinator Application (what you as the Coordinator of the entire event fill out):

[Temporary Event Coordinator Application \(google.com\)](#)

Nonprofit Vendor Form (what the school clubs and organizations, churches, 4H clubs, etc. would fill out):

[Non-Profit Temporary Event Registration \(google.com\)](#)

For Profit Vendors and Mobile Units:

[For-Profit Vendor & Mobile Unit Temporary Event Registration \(google.com\)](#)

Cottage Food Vendors:

[Cottage Foods Temporary Event Registration \(google.com\)](#)



District Headquarters - 700 Columbine St., Sterling, CO 80751
(970) 522-3741 – (877) 795-0646 - www.nchd.org

NCHD Temporary Events Fees

- Vendors who hold a Colorado Retail Food Establishment (RFE) License within NCHD's jurisdiction will be charged the Licensed Facilities Temporary Event Fee.
- Mobile units are already licensed separately, and will not be charged Temporary Event Fees.
- We **will not** be accepting out of jurisdiction temporary event licenses to consider them as a Licensed Facility.
- Vendors will need to follow the Temporary Retail Food Establishments regulations outlined in the Colorado RFE Rules & Regulations, as well as the NCHD Requirements for Temporary Retail Food Establishments.
- NCHD does not charge a coordinator fee for these events. We also do not charge license fees for Non-Profit vendors. However, Non-Profit vendors must to complete a Non-Profit Vendor Application for the event to submit to the Event Coordinator. Coordinators and vendors will need to submit all paperwork for the events 14 days in advance.
- Temporary Event Fees for the calendar year are the same as what a Licensed Mobile Unit would pay for a yearly license to work at the same event.
- Fees are as follows (updated 1/1/2019):

Event license category	Licensed Facilities - Facilities holding a current Colorado RFE License within NCHD Jurisdiction	Unlicensed Facilities - Facilities not holding a current Colorado RFE License within NCHD Jurisdiction
1 day event	\$60.00 (8001)	\$110.00 (8004)
Multiple day event not longer than 14 days	\$115.00 (8002)	\$215.00 (8005)
Calendar year license	\$230.00 (8003)	\$385.00 (8006)



Log In

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Retail Food Safety

The Retail Food Safety Program at NCHD is the Environmental Health Division's largest program. Our staff covers over 400 restaurants, grocery stores, schools and other facilities that store and/or serve food throughout our health district. Establishments are normally scheduled for one to three inspections per year dependent on the risk factors present within the facility.

When we inspect facilities we are looking to ensure there are no violations that could contribute to a foodborne illness. We check to make sure foods are cooked and stored at appropriate temperatures, that facilities are clean and sanitization procedures are being followed, that food service staff are practicing good personal hygiene, and that all equipment is kept in working order. If a facility is the subject of a complaint, a complaint-inspection may be initiated to determine compliance.

We also participate in the education of food service staff in northeast Colorado by offering ServSafe Food Handler and Manager trainings.



Restaurant Inspections

CO Retail Food Regulations

Complaint Form

Mobile Unit Plan Review Packet

License Application

Plan Review Packet

The State Board of Health unanimously voted to adopt the U.S. Food & Drug Administration's (US FDA) 2022 model Food Code by reference. We will continue to work with facilities to follow the current requirements within the 2013

model Food code until the official date of adoption for the new code on **March 16, 2024!**

To review the new regulations in full, click [HERE](#). Review the top five major changes to the regulations [HERE](#).

ServSafe Trainings

The Managers' Certification and Food Handlers' ServSafe Trainings are provided in northeast Colorado by CSU Cooperative Extension and NCHD. For more information or to register contact Joy Akey, (970) 332-4151.

2024 Managers Certification:

- Wednesday, April 17 - Burlington Community Center, Burlington 8 am - 5:30 pm
- Tuesday, June 11 - Washington County Event Center, Akron 8 am - 5:30 pm
- Thursday, November 7 - Logan County Extension Office, Sterling 8 am - 5:30 pm

Printer Friendly Schedule

2024 Food Handlers Training:

- Wednesday, March 6 - Logan County Extension Office, Sterling 9 am - 3 pm
- Tuesday, April 9 - Morgan County Fairgrounds, Brush 9 am - 3 pm *** Taught in Spanish ONLY***
- Thursday, June 6 - Burlington Community Center, Burlington 9 am - 3pm *** Taught in Spanish ONLY***
- Monday, September 9 - Morgan County Fairgrounds, Brush 9 am - 3 pm
- Tuesday, October 29 - Phillips County Event Center, Holyoke 9 am - 3pm

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ServSafe Trainings ○

Food Handlers Course ○

Temporary Events ●

Additional Resources ○

Managers Training

COST

- \$100 if postmarked 30 days prior to training
- \$125 if postmarked less than 30 days prior to training

Topics

- Causes and costs of foodborne illness
- Proper employee hygiene
- Causes and prevention of food contamination
- Temperatures for cooking & serving
- Storage of food and non-food products
- Cleaning and sanitizing requirements/procedures

Registration Includes

- Lunch and refreshment breaks
- 7 hours of food safety training
- Food Safety resource manual
- Temperature recording charts

Food Handlers Training

COST

- \$40 if postmarked 2 weeks prior to training
- \$55 if postmarked less than 2 weeks prior to training

Topics

- Personal hygiene
- Cross-contamination prevention
- Cooking & serving temperatures
- Cooling procedures & storage temperatures
- Cleaning & sanitizing procedures

Registration Includes

- Training manual
- Lunch and refreshment breaks
- Food Handlers' certificate and registration number
- Food thermometer

- National Restaurant Association Certification Test
- Food Safety resources to train employees

For more information on ServSafe Trainings, or to register please contact:

Joy Akey
(970) 332-4151

Northeast Colorado Food Handlers Course

This course encourages personal commitment to food safety principles and will prepare you to become a safe food handler. The Food Handler Course does not meet the requirement of having a certified food protection manager, but it does give food handling staff more knowledge on basic food safety principles.

This food handler course provides instruction on the following:

- Food hazards: biological, physical, and chemical
- Personal hygiene practices
- Cleaning and sanitizing processes
- Time and temperature controls

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[ServSafe Trainings](#) ○

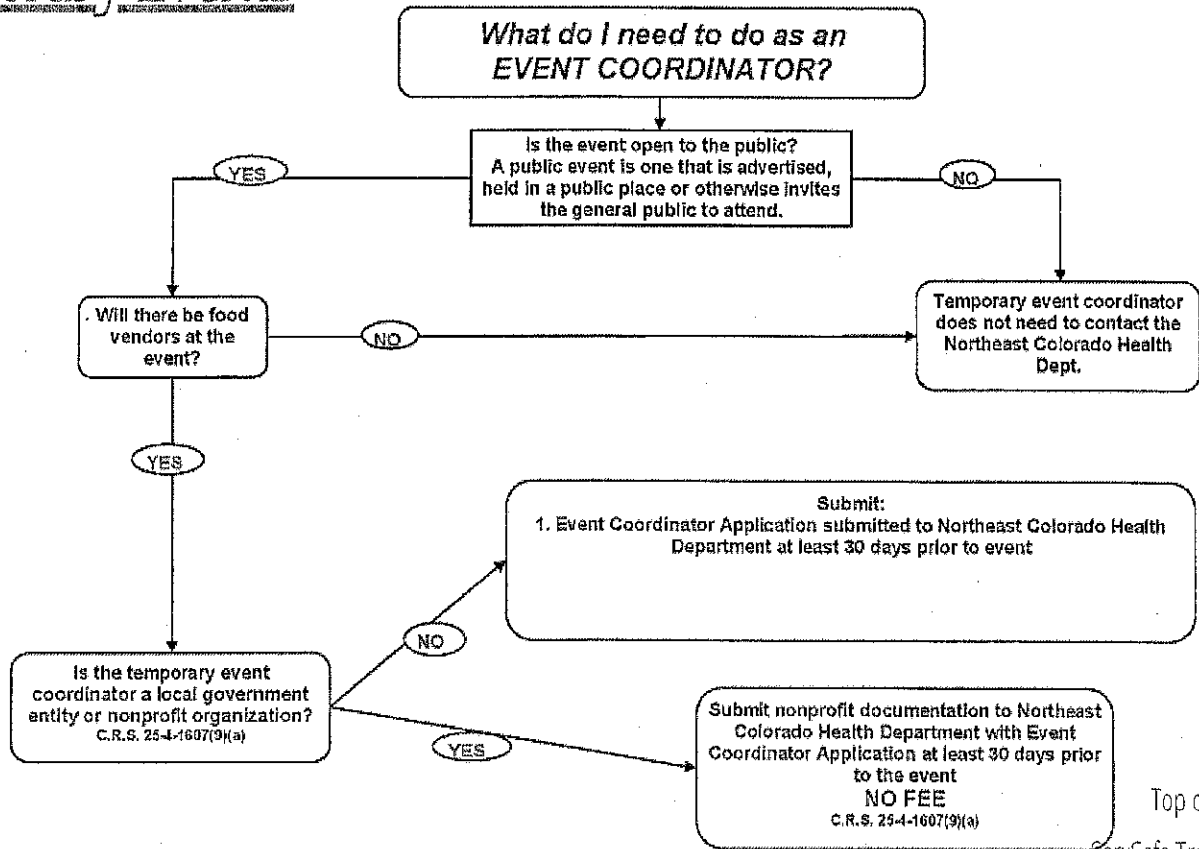
[Food Handlers Course](#) ○

[Temporary Events](#) ●

[\\$ Purchase Course \\$](#)

[Additional Resources](#) ○

Temporary Events



Information and forms are available on our website at:
<https://www.nchd.org/retailfood>
 Please contact us if you have any questions (970) 822-3741

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ServSafe Trainings ○

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Print Flow Chart Additional Resources ○

Printable Forms

- Coordinator Application
- For-Profit Vendor & Mobile Unit Application
- Non-profit and Cottage Foods Vendor Application

Online Submission Forms

- Coordinator Application
- For-Profit Vendor & Mobile Unit Application
- Non-Profit Application
- Cottage Foods Application

- Temp Events Brochure
- Commissary Agreement
- Coordinator Vendor List
- Temporary Events Fees

NCHD District Headquarters
700 Columbine Street
Sterling, CO 80751

Call us:
1-877-795-0646



[Contact Us](#)

[Employment](#)

[Organizational Chart](#)

[Records Request Policy](#)

[Open Records Request](#)

[Unexpected Power Outage](#)

[FDA Reopening After a Flood Guidance](#)

If you'd like more information, please contact our Environmental Health Manager:

Melvin Bustos
(970) 867-4918 x2262
melb@nchd.org

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700 Columbine St., Sterling, CO 80751 - (970) 522-3741 or (877) 795-0646 - www.nchd.org

VENDOR LICENSE APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete and submit to NCHD for each event in NCHD's jurisdiction.
 If no menu and no equipment change is occurring from one event to another, the completed original may be copied.
 Please attach a copy of your current NCHD Temporary Event License or State of Colorado Mobile Unit License.

Note: If you are a non-profit please use the Non-Profit Vendor Application Form

Ownership type:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.)	<input type="checkbox"/> Other (Non-Profits - Please Use the Non-Profit Form)	
Full legal name of owner, corporation, or non-profit (as it appears on Sales Tax License)			
Temporary Event Booth Name:		Contact name (on site):	
Email:		CO Sales Tax Acct. No.	
Physical address of business:		City:	State: Zip:
County where business is located:	Phone number:	Other contact number (mobile, fax, etc.):	
Mailing address (if different from above):		City:	State: Zip:
Date you started the business:	<input type="checkbox"/> Seasonal? Mark each month you operate: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		
In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6CCR 1010-2), and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue servicing food until such time as requirements are met.			
Signature:		Title:	Date: Calendar Year:

Check the appropriate license type from the list below. This is your license fee.

License	Code	Fee
<input type="checkbox"/> One Day Event (Licensed Facility with NCHD)	8001	\$60.00
<input type="checkbox"/> One Day Event (Unlicensed Facility)	8004	\$110.00
<input type="checkbox"/> Multiple Day Event <14 Days (Licensed with NCHD)	8002	\$115.00
<input type="checkbox"/> Multiple Day Event <14 days (Unlicensed Facility)	8005	\$215.00
<input type="checkbox"/> Calendar Year Temp Event License (Licensed with NCHD)	8003	\$230.00
<input type="checkbox"/> Calendar Year Temp Event License (Unlicensed Facility)	8006	\$385.00
<input type="checkbox"/> Currently Licensed Mobile Unit (Attach license documentation, no fee required)		
Total Due:		

FOR HEALTH DEPARTMENT USE

Licensed Needs a license

APPROVED: Yes No

EH Specialist Signature: _____

Date: _____

To pay by phone:

(970) 522-3741

NCHD accepts Visa, Mastercard, Discover and American Express

To pay by check:

Northeast Colorado Health Department

700 Columbine Street
Sterling, CO 80751

Have questions?

Call: (970) 522-3741

Visit: www.nchd.org

MENU (Please attach additional sheet, as necessary)

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.)
Be sure to include items such as toppings and condiments.

Food and Drink Items	Location where obtained
Example: Hamburgers	Grocery Store A
Example: Onions	Sam's Club
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

FOOD PREPARATION AT COMMISSARY

Preparation at Approved Facility or Commissary Before Event

Check which preparation procedure each menu item requires.

Food	Thaw	Cut/Wash/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
Example: Hamburgers	X					X	
Example: Onions		X				X	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Produce

How will produce be prepared prior to use? (Produce may not be chopped, sliced, or otherwise prepared at the event.

Vendors are permitted to do an on-site cut of non-potentially hazardous whole produce items for a single order intended for immediate consumption provided that the produce is pre-washed at an approved commissary)

- Wash produce in food preparation sink Not Applicable
- Buy product pre-washed
- Buy product pre-washed and pre-cut
- Other (specify) _____

Cooling – Will foods be cooled at the commissary? Y / N If yes, answer question below.

How will foods be rapidly cooled to 41°F or below? (mark all that apply)

- Shallow pans (less than 4") in refrigerator or cooler
- Using an ice-bath to cool the food product
- Ice paddle or wand
- Other (specify) _____

Reheating – Will foods be reheated at the commissary? Y / N If yes, answer question below.

How will foods be re-heated to at least 165 degrees F? (mark all that apply)

- Microwave
- Grill
- Oven
- Hot plate
- Other (specify) _____

Transport

Please provide the distance that you will be transporting food to the event? _____

What equipment will you use to control temperatures during transport?

- Coolers with Ice
- Cambros for cold foods
- Cambros for hot foods
- Other (specify) _____

HANDWASHING AND FOOD HANDLING

A hand-washing station WITHIN each booth or unit is REQUIRED unless only prepackaged foods requiring no preparation and / or cooking are to be served. Please check the space below that applies to your booth / unit.

- I will be serving only prepackaged foods that require no preparation and/or cooking.
- I will be serving foods that require preparation and / or cooking and will provide the following for hand-washing:
 1. a minimum of 5 gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot
 2. soap
 3. paper towels
 4. 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed

NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.

How will you prevent bare hand contact with ready to eat foods?

- Tongs Food-grade disposable gloves Deli tissues
- Other (list) _____

Food Handling at the Booth/Event (Please attach additional sheets, as necessary.) List all menu items, including beverages, to be served from the temporary food booth. Check which food handling procedure each menu item requires at the booth.

Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble	Other
Example: Hamburger	X		X	X	X	
Example: Onion	X				X	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Cooking and Hot Holding of Food Items

1. How will these foods be cooked at the site? (mark all that apply)

- Grill
 Hot Plate
 Not Applicable
 Deep fat fryer
 Oven
 Microwave
 Other (specify) _____

2. How will hot foods be held at 135°F or above at the event? (mark all that apply)

(Sterno burners are prohibited)

- Hot holding unit
 Steam table
 Not Applicable
 Held under heat lamps
 Served immediately after cooking
 Crock-pot
 Held on grill until served
 Other (specify) _____

3. What utensils will you use to dispense or serve the hot items?

- Tongs
 Ladle
 Not Applicable
 Spatula
 Other (specify) _____

Cold Food Items

1. How will cold foods be held at 41°F or below at the event? (mark all that apply)

- Refrigerator / freezer
 Not Applicable
 Ice chest - *must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.*
 Other (specify) _____

2. What utensils will you use to dispense or serve the cold items?

- Tongs
 Ladle
 Not Applicable
 Spatula
 Other (specify) _____

3. What kind and how many food thermometer (0-220°F) do you have? _____

- Metal Stem probe
 Thermocouple
 Digital

CLEANING AND RELATED

What type of Sanitizer will you use at the booth?

- Bleach
- Quaternary Ammonia
- Other: _____

Note: Test strips for sanitizer in use must be provided and be on-site

Where will utensil washing take place?

- Commissary 3 compartment sink
- Commissary dish machine

What type of Sanitizer will you use in the 3 compartment sink?

- Bleach
- Quaternary Ammonia
- Other
- Not Applicable- using dish machine

Where will wastewater from hand washing and cleaning be disposed of?

- Commissary
- Approved on-site receptacle at event
- Other _____

Waste water CANNOT be dumped on the ground or into storm drains. Water must be placed in an approved receptacle or sanitary sewer. Please find out from event coordinator where this is located for each event.

What is your booth plan for flying insects and dust control, if applicable?

BOOTH LAYOUT AND MAP

Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment. The map shall include the following:

- Cooking equipment
- Hand Washing facilities
- Food and Single Service storage
- Customer Service area
- Hot and Cold Holding equipment
- Work surfaces
- Garbage containers



COMMISSARY AGREEMENT

Date: _____

I, _____ of _____,
(Commissary Owner/Manager Name) (Facility/Commissary Name)

located at _____
(Address of Facility/Commissary)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

<input type="checkbox"/>	Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, and reheating	<input type="checkbox"/>	Storage of foods, single service items, and cleaning agents
<input type="checkbox"/>	Ware washing	<input type="checkbox"/>	Service and cleaning of the equipment
<input type="checkbox"/>	Filling water tanks	<input type="checkbox"/>	Dumping waste water
<input type="checkbox"/>	Other (list here):		

- Commissary Water Supply? Municipal Well
- Commissary Sanitary Sewer Service? Municipal Septic
- Indicate the equipment available at the commissary for the proposed uses:
 - Hand Sink Prep Sink Mop Sink Three-Compartment Sink Dish Machine
 - Refrigeration Cooling Equipment Dry Storage
 - Other _____
- Commissary Use Log will be maintained in the following location: _____

 Commissary Owner/Operator

 Phone Number

This Commissary Agreement is valid for the current calendar year only and is non-transferrable.



STATEMENT OF VERIFICATION
Vendor Application to Operate at Temporary Food Events

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Northeast Colorado Health Department may nullify final approval. I also understand the following (Please initial next to all that apply):

- _____ 1. All pages of the packet and attached forms have been filled out completely.
- _____ 2. I have attached a copy of my Retail Food License for a Mobile Unit (**ONLY** Mobile Retail Food licenses issued from counties in the State of Colorado or the Colorado Department of Public Health and Environment accepted)
- _____ 3. I do not have a Temporary Event or Mobile Retail Food License and would like to purchase a license.
- _____ 4. I have completely filled out the Vendor Application for Temporary Events and have included payment for:

Check One	Type of License	Fee	Code
	One Day Event (Licensed Facility with NCHD)	\$60.00	8001
	One Day Event (Unlicensed Facility)	\$110.00	8004
	Multiple Day Event <14 Days (Licensed with NCHD)	\$115.00	8002
	Multiple Day Event <14 Days (Unlicensed Facility)	\$215.00	8005
	Calendar Year Temp Event License (Licensed with NCHD)	\$230.00	8003
	Calendar Year Temp Event License (Unlicensed Facility)	\$385.00	8006
	Currently Licensed Mobile Unit		\$0.00

- _____ 5. I have included a signed commissary agreement.
- _____ 6. I have included an accurate sketch or pictures of my layout.
- _____ 7. I understand that I must maintain the original copy of my Temporary event or Mobile Food License on-site or on-hand during the duration of each event.
- _____ 8. I understand that the Northeast Colorado Health Department has the right to revoke my approval for participation in the event at any time during the process or on-site inspection at the actual event.
- _____ 9. All paperwork **MUST** be returned no later than fourteen (14) days prior to event:

Northeast Colorado Health Department
700 Columbine Street
Sterling, CO 80751
Fax: (970) 522-1412

- _____ 10. I have read and agree to follow NCHD's Requirements for Temporary Retail Food Establishments.

Approval of these plans and specifications by the Northeast Colorado Health Department does **NOT** indicate compliance with any other code, law, or regulation. An inspection of the set-up with equipment in place and operational will be necessary to determine compliance with applicable regulations and the ability to operate at the event.

Signature of Applicant: _____ Date: _____

If you have any questions or concerns, please contact the Northeast Colorado Health Department at (970) 522-3741.



220589 19999



Special Event Sales Tax Application

1. Do you have a sales tax account in Colorado?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, enter the Colorado Account Number
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2. Name of Event

3. City in which the event is being held (for multiple events, use the city of the 1st event)	County in which the event is being held	ZIP
---	---	-----

4. Indicate Type of Organization. If you are not registering as an Individual, you must have a FEIN number.

<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation/S Corp	<input type="checkbox"/> Government
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Association	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Limited Partnership (LLLP)	<input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Nonprofit (Charitable)

Business Information

1a. Last Name (If registering as SSN or ITIN)	First Name
---	------------

Check the applicable box and write your SSN or ITIN in box 1b	<input type="checkbox"/> SSN	<input type="checkbox"/> ITIN	1b. SSN or ITIN (Required)
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2a. Business Name (If registering as FEIN)	2b. Trade Name / DBA (If applicable)	2c. FEIN (Required)
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3a. Mailing Address	City	State	ZIP
---------------------	------	-------	-----

3b. County	4. Phone Number	5. Email
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6. List the specific products you sell (Required) or indicate the NAICS code. To look up the code, go to www.naics.com/search	NAICS Code
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Owners/Partners/Members/Officers

1a. Last Name	First Name
---------------	------------

Job Title	1b. SSN	1c. Phone Number
-----------	---------	------------------

1d. Address	City	State	ZIP
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220589 29999



Colorado Account Number (Dept Use Only)

Owners/Partners/Members/Officers (continued)

2a. Last Name		First Name	
Job Title		2b. SSN	2c. Phone Number
2d. Address		City	State ZIP

Additional Owners/Partners/Members/Officers on a separate paper

License Type and Fees

Indicate the type of license	Event Period		License Fee			
	From (MM/YY)	To (MM/YY)				
<input type="checkbox"/> Single Event			(0120-750)	Single Event	(999)	\$
<input type="checkbox"/> Multiple Event			(0140-750)	Multiple Event	(999)	\$

Mail and Make the Check Payable to:
Colorado Department of Revenue
PO Box 17087, Denver CO 80217-0087

Amount Owed \$

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.

Signature of Owner, Partner, Member, or Officer (Required)	Job Title	Date (MM/DD/YYYY)
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DO NOT SEND

DR 0589 (07/07/22)
COLORADO DEPARTMENT OF REVENUE
Taxpayer Service Center
PO Box 17087
Denver CO 80217-0087

Special Event Sales Tax Application

General Instructions

Businesses that have no permanent place of business but sell goods at fairs, festivals, bazaars, etc. or businesses that meet the requirements for a standard sales tax license, but also sell at other locations, such as fairs and festivals are required to obtain a Special Event Sales Tax License using the Special Event Sales Tax Application (DR 0589).

A standard sales tax license is required if you participate in an event that occurs more than three times at the same location during any calendar year. For example, if you participate in a Farmer's Market or flea market and sell prepared (ready-to-eat) food or other tangible property, you need a standard sales tax license. To apply for a standard sales tax license, complete the Colorado Sales Tax and Withholding Account Application (CR 0100).

Anyone who sells retail in Colorado without obtaining a sales tax license commits a class 3 misdemeanor and may also be subject to civil penalty of \$50 per day to a maximum penalty of \$1,000.

For additional Special Event Sales Tax Licensing information, refer to Tax.Colorado.gov/sales-tax-guide.

Specific Instructions

Line 1. If you have a Colorado sales tax account, check Yes and enter your Colorado account number. If not, check No.

Line 2. Enter the name of the event you are attending.

Line 3. Enter the city, county and zip code for the event. For a multiple event license, enter the city of your first event.

Line 4. Check the box that indicates the legal structure of your business or organization.

Note: All entities must have a Federal Employer Identification Number (FEIN). This includes married couples who register as a general partnership. Individuals or sole proprietorships may use their SSN or ITIN.

Business Information

Line 1a & 1b. SSN or ITIN (Required)

- Individuals/Sole Proprietor - Enter last name, first name, check the appropriate box and write in your SSN or ITIN. If the Sole Proprietor has a FEIN, complete Line 2c.

Line 2a – 2c. Business Name, Trade Name, and Federal Employer Identification Number (FEIN). If operating as any other type of organization other than Individual/Sole Proprietor, enter the business name as registered with the IRS. FEIN is issued by the Internal Revenue Service at IRS.gov. All entities listed as follows must have an FEIN.

- General Partnership, Association, or Joint Venture** - Enter the business name, tradename (if applicable), and FEIN. Note: Married couples must register as general partnership if both are owners of the business. General partnerships require a FEIN.

- Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP), Limited Liability Limited Partnership (LLLLP), or Corporation/S Corp** - Enter the legal name of the business and FEIN as filed with the IRS. This must match the FEIN documentation from the IRS.
- Government** - Enter the legal name of the government agency and FEIN.
- Estate/Trust** - Enter the legal name of the Estate/Trust and FEIN.
- Nonprofit** - Enter the name of the Nonprofit Organization and FEIN.

Trade Name/Doing Business As (DBA). If the individual or the business will be doing business under any name other than the legal name listed on Line 1 or Line 2, enter the trade name. Trade names are registered with the Colorado Secretary of State.

Line 3a. Enter the mailing address where the business will receive mail from the Colorado Department of Revenue (DOR).

Line 3b. Enter the county to your mailing address.

Line 4 - 5. Enter the business phone number and email address.

Line 6. List the specific products you sell and/or services you provide. Write a brief description of products, services and/or function of the business. The information you provide will help determine the appropriate North American Industry Classification System (NAICS) code for your business. It will also assist in getting tax information and updates to you based on your business type.

Owners/Partners/Members/Officers

Lines 1a - 2d. All organizations, including sole proprietors, must complete these lines. Enter the name, job title, SSN, and address of each:

- Individual Owner (if the business is a sole proprietorship),
- Managing Partner (if the business is a partnership),
- Managing Member (if the business is a limited liability company), or
- Principal Officer (if the business is a corporation).

Note: If there are more than two owners, attach a separate sheet listing all additional owners.

License Type and Fee

Single Event or Multiple Event?

A single event sales tax license is required if you participate in a retail sales event at one location where there are three or more vendors.

If you sell retail at more than one special event where there are three or more vendors in any two-year period, the multiple events sales tax license allows you to participate in any number of events at various locations during the two-year period.