Office of the City Clerk
500 East Third Street, Suite 230 ● Loveland, Colorado 80537
(970) 962-2324 ● FAX (970) 962-2901 ● TDD (970) 962-2620
www.lovgov.org

City of Loveland

Mobile Vendor Application

This application must be filed in the Office of the City Clerk, City of Loveland, 500 East 3rd Street, Suite 230, Loveland, CO 80537.

Applicant(s) Name _____

Business Name _____

Contact Phone No _____

Business address: _____

Email: _____

Mailing address, City, State & Zip:
_____

DOCUMENTS REQUIRED FROM APPLICANT (attach copies to application)

☐ Completed and signed application	☐ $25 permit fee per calendar year (not prorated for partial year)
☐ City of Loveland Sales Tax License	☐ Valid State issued Driver's License
☐ Health Department Certificate (if selling food or beverage)	☐ Proof of vehicle insurance and liability insurance certificate
☐ **Signature of Fire Inspection** (signature of Fire Chief below on application)	☐ City of Loveland Parks and Recreation Concessionaire's Agreement (if desired to sell within a City of Loveland park)
☐ Certificate of General Liability Insurance naming City of Loveland (property owner) as additional insured in amount of $1,000,000 I understand the granting of this license is dependent upon adherence to all state and local laws and may be subject to restrictions during special events (L.M.C. 12.30.100); and otherwise may be revoked.	

1. **BUSINESS INFORMATION:**

   Location of licensed location: Within City of Loveland 12.30.050 (F)

   _____

2. **DESCRIBE SERVICES OR ITEMS FOR SALE:**

   _____

3. **DESCRIPTION OF THE DESIGN OF THE VEHICLE USED IN OPERATION (pushcart, kiosk, truck etc)** See attachment Municipal Code 12.30.050 (D).

   _____

4. **PHOTOGRAPHS OF VEHICLE OF ALL FOUR SIDES INCLUDING A PICTURE OF THE LICENSE PLATE**

      ☐ All four sides

      ☐ License plate

5. **HOURS OF OPERATION:**

Specify Months:

Days of Week:

Hours of Operation:

6. <u>**License Verification:**</u>

☐ I have a valid Colorado driver's license and understand that myself, and all drivers under this license, will provide/update Colorado driver's licenses.

- List all driver contact information, address and phone number. _____
  _____
  _____
  _____
  _____

7. <u>**Fire marshal review & signature:**</u>

Signature	Date

Notes, if any:

_____
_____
_____
_____
_____

I acknowledge the information contained in this application is true, correct and complete to the best of my knowledge.

Signed:_____**Title**_____**Date:**_____