



Town of Platteville  
400 Grand Avenue Platteville, CO 80651  
(970) 785-2245 ~ (970) 785-2476 Fax  
www.plattevillegov.org

## Harvest Daze Vendor Registration

**Vendor Name**

**Booth Options**

**Fee waived for non-profit vendor**

**\$35.00 for merchandise vendors**

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**Contact Name**

**Business Name**

**Street Address**

**Mailing Address Line 2**

**City**

**State**

**Zip Code**

**Phone Number**

**Email Address**

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**Description of product/service being displayed**

### Colorado Sales Tax Information

**Colorado Sales Tax License**

**Yes, I do have a Colorado Sales Tax License**

**No, I do not have a Colorado Sales Tax License (See attached)**

**Tax Payer Name**

**Sales Tax ID No.**

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## INDEMNIFICATION AND RELEASE AGREEMENT

- A. In consideration for being permitted to perform the below-described activities, \_\_\_\_\_ [insert name of person performing activities] agrees to indemnify and hold harmless the Town of Platteville, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the below-described activities, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, negligence, or other fault on the part of \_\_\_\_\_ [insert name of person performing activities].
- B. \_\_\_\_\_ [insert name of person performing activities] understands that the below-described activities may involve risks of injury, loss, or damage to \_\_\_\_\_ [insert name of person performing activities], including but not limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. By signing this agreement, \_\_\_\_\_ [insert name of person performing activities] expressly agrees to assume any and all such risks. In addition, in consideration for being permitting to perform the below-described activities, \_\_\_\_\_ [insert name of person performing activities], hereby expressly exempts and releases the Town of Platteville, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, demands, on account of injury, loss or damage to \_\_\_\_\_ [insert name of person performing activities] including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, or property loss or damage, that \_\_\_\_\_ [insert name of person performing activities] may incur as a result of being upon the premises of the Town of Platteville, its officers, or its employees, or from any other cause whatsoever.
- C. Description of activities to be performed:  
Sale of Merchandise for Harvest Daze
- D. Period during which activities are to be performed:  
August 19th, 2016 from 3:30pm until 10:00pm
- E. All images and recordings of this event produced by the Town of Platteville, shall become the sole property of the Town and may be used, reproduced and distributed in the future as the Town deems appropriate.

Executed this \_\_\_\_ day of \_\_\_\_\_, 2016 by the Town of Platteville and the person whose name and signature appear below.

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Signature of person performing activities

Printed Name

## **Important Event Information**

Booth setup must be completed no later than 4:15pm. Vendors are responsible for setup and tear down of booths. Any vendors who have not paid in full by Friday, August 12th, 2016, will lose their space (no refunds/no rain checks will be given). Vendors must provide all equipment including tent, tables, electrical generators, and additional lighting. A representative from the Town of Platteville will contact you Monday, August 15th, 2016 with booth space information and any additional details. For more information prior to the event, please contact Platteville Town Hall at (970) 785-2245.

### **Town of Platteville Harvest Daze**

**Event Date:** Friday, August 19th, 2016

**Event Times:** 4:00pm to Dark

**Set Up Begins:** 3:15pm

**Tear Down Begins:** Dark

**Event Location:** Riverview Park - East side of Main Street, Between Salisbury & Byers

**The following items are not permitted to be sold:** silly string, snap pops, bomb pop bags, anything containing acid or hazardous materials, toys that look like guns.

#### **Additional Information Attached:**

Colorado Sales Tax Information

CDOR Form DR0589

# Vendor Special Event License Application for Single or Multiple Events

(See form on page 3)

Complete this form and mail the form to the Colorado Department of Revenue or bring it to a walk-in service center. If you are a vendor who will be providing service only, it is not necessary to obtain a special event sales tax license.

## Register and File

Keep a copy of the application as it will be your temporary license. Mail a copy of Vendor Special Event License Application with applicable fee (see fee schedule located later in this form) to: Colorado Department of Revenue, Registration Control Section, PO Box 17087, Denver, CO 80217-0087. A temporary sales tax license may be obtained when the **two copies** of the application and applicable fees are presented at one of the service centers.

### Service Centers

- Denver 1375 Sherman Street
- Colorado Springs 2447 N. Union Blvd.
- Fort Collins 3030 S. College Ave.
- Grand Junction 222 S. 6th Street, Room 208
- Pueblo 827 W. 4th St., Suite A

All walk-in business and individual applicants **must** provide valid **proof of identification** at time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (indicating eligibility for employment), United States Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

**Note:** There is no minimal sales requirement for filing a return. If you sell products to the end user in Colorado you must collect and remit the required sales tax.

## Tax Classes and Workshops

The Colorado Department of Revenue conducts live and online classes on various topics including state sales and wage withholding taxes. If a class is not offered in a live format, information contained in each class can be viewed on our Web site or taken online where CPE credit is awarded after completion. For more details on class topics and the various formats available visit [www.TaxSeminars.state.co.us](http://www.TaxSeminars.state.co.us)

## Instructions

### Purpose Section

**Box 1** Do you have a Colorado state sales tax license? If answer is yes, list your Colorado state sales tax license number here.

**Box 2** *City In Which Your Event Is Being Held, County, Zip.* Single Event license—list the location where your event is to be held. Multiple Event License—list the location of your first event.

**Box 3** *Type of Organization.* Mark the box that indicates the legal structure for your business/organization.

**Note:** Married couples must register as a general partnership if both spouses are owners of the business.

### Business Information

**Line 1.** Taxpayer Name. The name should be entered as follows:

- Individual (sole proprietorship). Last name, first name, the middle name or initial.
- General Partnership, Association or Joint Venture. The last name, first name, and middle initial of two principal partners. If there are additional partners, attach a separate sheet.
- Corporation Limited Partnership, or Limited Liability Company. The legal name of the business must be the same as filed with the Colorado Secretary of State.

**Line 2.** Trade Name. Enter the trade name of your business here. Registration of trade names must be done with the Colorado Secretary of State.

**Line 3a. through 3b.** Complete all boxes in these two lines.

**Line 4.** Mailing address. Please enter your mailing address here.

**Line 5.** List specific products and/or services you provide. Explain in detail.

### Ownership

- Individual (sole proprietorship). Last name, first name, and middle name or initial.
- General Partnership, Association or Joint Venture. The last name, first name, and middle initial of two principal partners. If there are additional partners, attach a separate sheet.
- Corporation, Limited Partnership, Limited Liability Company (LLC), Limited Liability Partnership (LLP), or Limited Liability Limited Partnership (LLLLP). The legal name of the business must be the same as filed with the Colorado Secretary of State.

Lines 1a through 2b Owner/Partner Name. All organizations, including sole proprietors, must complete these lines. Enter the name, title, Social Security number, (FEIN #, if applicable) and home address of each individual, partner, corporate officer or member. If there are more than two owners, attach a separate sheet and provide the same information for additional owners.

## Sales

### Line 1 Indicate Which Applies To You.

**Single Event** — A single event license is required if you make retail sales at a single special event. The exact date(s) and location of the event must be noted under "Event Location" in Section A when you apply for the license.

**Multiple Event** — The license is for a person or entity engaging in more than one special event in any two-year period. Any person or entity holding a wholesale or retail license which make sales at these events must have a separate multiple events license and complete a separate application.

## Fees

**Period Of Event.** Indicate duration of event, from beginning to end for a single special event license. For a multiple special event license, see the fee schedule below for the event period.

Single Special Event License fee is \$8 for each event. The license must be obtained for each sales event where you make retail sales if the event is at a location other than your business (if any). There is no fee for a person or entity that has a regular Colorado state sales tax license.

Multiple Special Events License fee is \$16 for a two-year period. There is no fee for a person or entity that has a regular Colorado state sales tax license. The multiple special event license is valid for any shows in Colorado through the licensing period end date.

### The fee schedule is as follows:

If first day of sales is:

January to June even-numbered  
years 2012, 2014, 2016  
\$16.00

July to December even-numbered  
years 2012, 2014, 2016  
\$12.00

January to June odd-numbered  
years 2013, 2015, 2017  
\$8.00

July to December odd-numbered  
years 2013, 2015, 2017  
\$4.00

- There is no charge for a multiple or single event license if a person or entity has a current Colorado wholesale or retail sales tax license.
- The multiple event license is valid through December 31 of each odd-numbered year.

## Signature

A signature must be on this document or it will not be processed.

Please include the title of the person signing and the date signed.

Mail the DR 0589 Vendor Special Event License Application and the payment to the following address:

Colorado Department of Revenue  
Registration Control Section  
PO Box 17087  
Denver, CO 80217-0087

## Filing the Special Sales Event Tax Return

**Note:** Sales tax is due the twentieth day of the month following the month in which the special event **began**.

If you need assistance with the completion of this form call (303) 238-7378.

You may electronically file and pay your return conveniently and securely on Revenue Online at [www.Colorado.gov/RevenueOnline](http://www.Colorado.gov/RevenueOnline). Click on File a Return, then Special Event Sales Tax. Your event should be listed in our system. If you do not find your event on the Event List, select the link "click here" at the top of the Event List. Follow the steps to file your Special Event sales tax return. Filing online ensures timely filing and prevents common filing errors. There is a fee to pay by e-Check or credit card. See the Taxation Web site at [www.TaxColorado.com](http://www.TaxColorado.com) for current fees. Filing by Electronic Funds Transfer (EFT) is free but pre-registration is required. To file a DR 0098 paper return, send the return and a check or money order to:

Colorado Department of Revenue  
Denver, CO 80261-0013.

Write the name of the event, event date, and the Colorado account number on the check.

Find  File  Connect  
[www.TaxColorado.com](http://www.TaxColorado.com)



# Sales Tax Special Event Application

Account Number

Purpose		
1. Do you have a sales tax account in Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Account Number	
2. Event Location (City in which your event is being held)	County in which your event is being held	ZIP

**3. Indicate Type of Organization**

<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Limited Partnership (LLLP)	<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"/> Corporation/'S' Corp.	<input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Non-profit

**Business Information**

1. Taxpayer Last Name (owner, partners or other business organization)	First Name	Middle Initial
2. Trade Name/Doing Business As (if applicable)		
3a. City in which your business is located	State	ZIP
3b. County in which your business is located	Telephone (    )	
4. Mailing Address (residence address, include unit number)	City	State    ZIP
County	FEIN	SSN
5. List specific products you provide (Explain in Detail).		

**Ownership (If there are other partners, list on separate sheet using the same format)**

(1) Last Name or Business Name <b>1a.</b>	First Name	Middle Initial	SSN (FEIN # if applicable)
Address (residence or P.O. box) <b>1b.</b>	City	State	ZIP    Telephone (    )
(2) Last Name or Business Name <b>2a.</b>	First Name	Middle Initial	SSN (FEIN # if applicable)
Address (residence or P.O. box) <b>2b.</b>	City	State	ZIP    Telephone (    )

**Sales**

<b>Make checks payable to:</b> Colorado Department of Revenue PO Box 17087 Denver, CO 80217-0087	Mark The Box That Applies To You  <input type="checkbox"/> Single event  <input type="checkbox"/> Multiple event	<b>Period of Event</b>		<b>Fees</b>		
		From (MM/YY)	To (MM/YY)	Single Event License		
				<b>0120-750</b>	<b>(999)</b>	\$
Signature of Owner, Partner or Corporate Officer		Title		Date (MM/DD/YY)		
Multiple Event License		<b>0140-750</b>	<b>(999)</b>	\$		

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

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

Amount Owed \$ .00

#### How To Use the Online Filing System

1. Go to [www.Colorado.gov/RevenueOnline](http://www.Colorado.gov/RevenueOnline)
2. Under the area titled “For Business”, click “File a Return”.
3. Click “File Special Event Sales Tax”.
4. Read this page.
5. Click Continue.
6. Click on Event Name; or, if your event is not listed, select “click here” at the top of the page.
7. Follow the on-screen instructions.



Manage your account.  
File and pay online.  
Get started with Revenue Online today!  
[www.Colorado.gov/RevenueOnline](http://www.Colorado.gov/RevenueOnline)

Revenue Online offers convenient and secure access to conduct business with the Department of Revenue on a computer, laptop, smart phone or tablet. The services available in Revenue Online let you manage your tax account. File and pay online.