



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

Contact Name

Business Name

Street Address

Mailing Address Line 2

City

State

Zip Code

Phone Number

Email Address

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.

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 18th, 2018 from 8:00am until 6:00pm
- 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 _____, 2018 by the Town of Platteville and the person whose name and signature appear below.

Signature of person performing activities

Printed Name

Important Event Information

Booth setup must be completed no later than 9:30am. Vendors are responsible for setup and tear down of booths. Any vendors who have not paid in full by Friday, August 10th, 2018, 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 via email or telephone Monday, August 13th, 2018 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: Saturday, August 18th, 2018

Event Times: 10:00am to 5:00pm

Set Up Begins: 8:00am

Tear Down Begins: 5:00pm

Event Location: Community Center West Ball Fields- 508 Reynolds Avenue, Platteville, CO 80651

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:

CDOR Form DR0589



DO NOT SEND

DR 0589 (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Registration Control Section - Room 102
PO Box 17087
Denver, CO 80217-0087

Sales Tax Special Event Application

(See form on page 3)

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 Sales Tax Special Event 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 Withholding Account Application, CR 0100AP.

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 FYI Sales 9.

Specific Instructions

Purpose

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

Line 2 Enter the city, county and zip code for the event. For a multiple event license, enter the location of your first event.

Line 3 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 Social Security Number (SSN).

Business Information

Line 1 Complete taxpayer name information as follows:

- For individuals (sole proprietorships), enter the last name, first name and middle initial of the owner.
- For General Partnerships, Associations and Joint Ventures, enter the last name, first name and middle initial of two principal partners. Attach a separate sheet listing all partners if there are more than two.
- For Corporations, Limited Partnerships, LLC's and all other organizations, enter the legal name as it is filed

with the Colorado Secretary of State's Office and the IRS.

Line 2 Enter the trade name (DBA) of your business as it is registered with the Colorado Secretary of State's Office.

Line 3a Enter the city in which your business is located.

Line 3b Enter the county in which your business is located.

Line 4 Enter the business mailing address.

Line 5 List in detail the products and/or services you provide.

Ownership

Lines 1a and 2a Complete the ownership information for each owner as follows:

- For individuals (sole proprietorships), enter the last name, first name and middle initial of the owner.
- For General Partnerships, Associations and Joint Ventures, enter the last name, first name and middle initial of two principal partners. Attach a separate sheet listing all partners if there are more than two.
- For Corporations, Limited Partnerships, LLC's and all other organizations, enter the name of a corporate officer or member.
- Enter their Social Security Number of the owner.

Lines 1b and 2b Enter the resident address or P.O. Box of each individual, partner, corporate officer or member.

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

Sales

Single Event or Multiple Event?

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

If you sell retail at more than one special event at which 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.

Period of Event

Indicate the duration of the special event.

For a single event, enter the dates from the beginning of the event to the end of the event.

For a multiple event, refer to the fee schedule and use the same filing fee period as your event period.



DO NOT SEND

DR 0589 (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Registration Control Section - Room 102
PO Box 17087
Denver, CO 80217-0087

Sales Tax Special Event Application (Instructions continued)

Fees

The fee for a Single Event License is \$8 per event.

The fee for a Multiple Event License is \$16 for a two-year period. The fee is prorated in increments of six months if the license is purchased after June 30 in an even-numbered year or anytime during an odd-numbered year.

Multiple Event Fee Schedule

If first day of sales is from	Fee
January-June 2016 or 2018	\$16.00
July-December 2016 or 2018	\$12.00
January-June 2017 or 2019	\$ 8.00
July-December 2017 or 2019	\$ 4.00

Note: There is no fee for vendors who already have a standard sales tax license.

Payment Information

Make check payable to the Colorado Department of Revenue.

Sign, title and date the application and mail it with your payment (if any) to:

Colorado Department of Revenue
Registration Control section - Room 102
PO Box 17087
Denver, CO 80217-0087

Retain a copy of this application for your records. This copy will serve as your temporary license until you receive your official license.

You may also apply in person at one of our service centers:

- Denver 1375 Sherman St.
- Colorado Springs 2447 N. Union Blvd.
- Fort Collins 3030 S. College Ave.
- Grand Junction 222 S. 6th St. Room 207 or 208
- Pueblo 827 W. 4th St. Suite A

Bring two completed copies of the application and applicable payment in check or money order form when applying at one of the service centers.

Service center hours may vary; visit our Taxation Web site for more information at Colorado.gov/Tax. All walk-in applicants, including out of state residents, must provide valid proof of identification. 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.

Tax Education

Free public tax classes are offered in our Taxpayer Service Center locations. Please visit the Education page of the Taxation Web site to view current schedules and to register.



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			
4. Taxpayer Last Name (owner, partners or other business organization)	First Name	Middle Initial	
5. 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	First Name	Middle Initial	SSN	
1a.				
Address (residence or P.O. box)	City	State	ZIP	Telephone
1b.				
(2) Last Name or Business Name	First Name	Middle Initial	SSN	
2a.				
Address (residence or P.O. box)	City	State	ZIP	Telephone
2b.				

Sales					
Make checks payable to: 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	Period of Event From (MM/YY) To (MM/YY)		Fees (No Cash)	
				Single Event License	
				Multiple Event License	
Signature of Owner, Partner or Corporate Officer	Title	Date (MM/DD/YY)			

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
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