

City of Yuma

320 South Main Street • PO Box 265 • Yuma, CO 80759

Phone 970.848.3878 • Fax 970.848.5101

Colorado

Applicant (Business Name):		Name:	
		Address:	
		Phone:	
Authorized Representative or Responsible Party:		Name:	
		Address:	
		Phone:	
For the Sale of:			
Location:			
Date:		From:	To:
Duration (Hours):		From:	To:
Sales Tax ID#:			
Special Conditions:			
I hereby agree to abide by the terms of this permit and the Yuma Municipal Code and understand that failure to do so may result in a summons/penalty notice into Yuma Municipal Court or revocation of this permit.			
Signature:		Date:	
Granted:		Date Authorized:	