

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

Phone 970.848.3878 • Fax 970.848.5101

## Permit to Sell

Applicant (Business Name):		Name:
		Address:
		Phone:
Authorized Representative or		Name:
Responsible Party:		
		Address:
		Phone:
For the Sale of:		
Location:		
Date:	From: To:	
Duration (Hours):	From	n: 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.		
tins permit.		
Signature:		Date:
		•
Granted: Date Authorized:		Date Authorized
Oraniceu. Date Authorizeu:		