

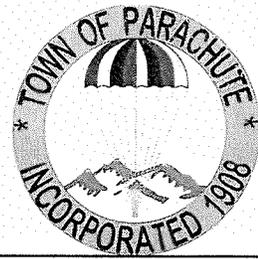
TOWN OF PARACHUTE

PO Box 100

222 Grand Valley Way Parachute, CO 81635

Telephone: (970) 285-7630

Facsimile: (970) 285-0292



TRANSIENT VENDOR LICENSE

ISSUED TO: _____

ADDRESS: _____

PHONE _____

Please provide: Driver's license or ID card issued by a state or outlying possession of the U.S. **OR** ID card issued by federal, state, or local government agencies or entities, **AND** U.S. social security card issued by the Social Security Administration.

Document title: _____

Document title: _____

Issuing authority: _____

Issuing authority: _____

Document #: _____

Document #: _____

Expiration Date (if any) ____/____/____

Expiration Date (if any) ____/____/____

This vendor license is issued to the above for the sale of:

Will be conducting business at the following location in the Town of Parachute (**provide physical address** and type of structure, i.e. vehicle, trailer, cart):

Estimated period of time conducting business: _____

SALES TAX (3-3/4%) will be remitted to the Town of Parachute in the following manner (**provide a copy of the Sales Tax License**):

Dealer or Representative: _____

The Town of Parachute hereby grants this license as per the terms there instated.

This _____ day of _____, 20_____.

By: _____

Title: _____