

City of Salida

Multiple Vendor Event Permit Application

Date of Application:

5/16/24

TOK!				
Event Name: Salida	Farmers Market			
Event Location(s): Alpine Park				
Date(s) & Time(s) of Event: Saturdays June 1st - October June 1st - September 28th: 8	26th 2024 am - 12pm, October 5th - Oct. 26th: 9 am - 12 pm			
Individual or Organization Sponsor(s):Foodshed Alliance				
Address: P.O. Box 1155, Salida, CO, 81201 Phone: 913-904-8207 Email: info@fo	oodshedalliance.com			
Contact Person: Sofia Adinolfi				
Phone: 913-904-8207 Email: info@f	oodshedalliance.com			
Participating Vendors NOTE: It is required that you provide a copy of the current state license for each vendor.				

If additional space is needed, please attach a list of additional participating vendors.



Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City of Salida to be named as an additional insured).

O _{LOR} AO	Is a Copy of Insurance Attach	ned? (Yes or No)		
Required Fees &	c Checklist:			
□ \$20 per p □ Current 0	lication Fee participating vendor. Number of Ven Colorado Sales Tax License for each Insurance			
Please Sign				
Event Sponsor:	Sofia Adinolfi	Date:	5/16/24	
City of Salida: _		Date:		