



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).

Is a Copy of Insurance Attached? (Yes or No) _____

Required Fees & Checklist:

- ☐ \$75 Application Fee
- ☐ \$20 per participating vendor. Number of Vendors _____ x \$20 = _____
- ☐ Current Colorado Sales Tax License for each participating vendor
- ☐ Proof of Insurance

Please Sign

Event Sponsor: Sofia Adinolfi Date: 5/16/24

City of Salida: _____ Date: _____