



Dear Transient Dealer:

Thank you for your inquiry regarding transient vending sales within the Town of Vail. Enclosed you will find the following documents which are requirements for a "Transient Dealer's License":

Transient Dealer Application  
Character Investigation Form (required for EACH individual in sales)  
Attachment B: Application for a Transient Dealer/Special Event Sales Tax License and a Sales Tax Exemption Application for Non-profit organizations - if needed.

Additionally, the following items will be required:

A \$75.00 fee made payable to the Town of Vail.  
Proof, through rental agreement or lease, of a stationary location in a commercially zoned space from which these sales will be conducted.  
You **MUST** have a Colorado Sales Tax License to conduct retail sales in Colorado. **If you already have such a license, please attach a copy of it or a copy of your application to obtain a Colorado Sales Tax License.**

All materials must be submitted to my office **no later than ten (10) days** prior to commencement of sales. A Transient Dealer's License is valid for fourteen consecutive days but may be renewed with payment of an additional \$75.00 fee. Should you have further questions, please do not hesitate to contact me at 970-479-2125

Sincerely,

Sally Lorton  
Sales Tax Administrator

**TRANSIENT DEALER LICENSE**

**\$75.00 fee**

NAME OF EVENT: \_\_\_\_\_

NAME OF ORGANIZATION/COMPANY REPRESENTED \_\_\_\_\_

NAME OF REPRESENTATIVE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**EVENT DESCRIPTION:**

<u>DATE</u>	<u>TIME (START TO END)</u>	<u>LOCATION*</u>	<u>DESCRIPTION OF BUSINESS OR ACTIVITY</u>
_____	_____	_____	_____
_____	_____	_____	_____

**\*Proof through rental agreement or lease of a stationary location in a commercially zoned space which these sales will be conducted**

**Attach to this Application:**

- Completed Character Investigation Form(s)
- Copy of State of Colorado Sales Tax License
- \$75 Fee to Town of Vail
- Lease agreement for commercially zoned space
- Transient Dealer/Special Event Sales Tax License Application

I certify that all the statements and answers to the above questions and attachments were made by me and are true without any reservations or evasions.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_  
Print Name Clearly

=====

APPLICATION IS HEREBY APPROVED: \_\_\_\_\_ APPLICATION IS HEREBY DENIED: \_\_\_\_\_

(Reason for denial) \_\_\_\_\_

BY VAIL SALES TAX ADMINISTRATOR \_\_\_\_\_

CC: Applicant, Via e-mail to TOV staff

C:\Users\graile\AppData\Local\Microsoft\Windows\Temporary Internet

Files\Content.Outlook\5O43HT0M\TRANSIENT DEALER LICENSE APPLICATION.docx



# **ATTACHMENT B**

**\$75.00 Non-Refundable Fee**

TO: Transient Dealer and Special Event sales tax license applicants

Sales tax in Vail is a total of 8.4%. The Town of Vail collects its own 4.0% sales tax. The remaining 4.4% breaks down as follows: 2.9% State of Colorado and 1.5% Eagle County. The State of Colorado collects the state and the county sales tax. The Town of Vail will forward a sales tax remittance form to your business address informing you of the due date. You need to complete the remittance form and return it to the Town of Vail along with your check for Vail's 4.0% portion of the sales tax. If you have any questions, or concerns, please call the Town of Vail, Sales Tax Administrator at 970-479-2125.



Town of Vail
Sales Tax Exemption Application
For Non-Profit Organizations

Non-profit organizations selling taxable tangible personal property or services as defined by the Town of Vail code must collect sales tax and purchasers must pay sales tax on such sales. It is the desire of the Town Council that taxes collected by qualified non-profit organizations be retained by that organization as a contribution of additional funds to be used in the course of that organization's charitable service to the community. Therefore, organizations are not required to remit or report sales tax collections to the Town, provided that certain criteria are met.

Name of Non-Profit Organization \_\_\_\_\_

Attach a copy of the letter of determination from the IRS stating that this organization is a 501-C-3.

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date(s) of Fund Raising Activity \_\_\_\_\_

Nature of the Fund Raising Activity \_\_\_\_\_

1. Is this an Eagle County Non-Profit Organization? \_\_\_\_\_

2. Do this Organization's Activities benefit the Vail Valley 100%?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what percentage? \_\_\_\_\_

3. What Percentage of the Activities benefit Vail? \_\_\_\_\_%

4. Do 100% of the proceeds go to the Charitable Organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what percentage? \_\_\_\_\_

5. Is this an Occasional Fund Raising Event? \_\_\_\_\_

Signature

Print Name

Date

Please answer all questions and return this form to the Town of Vail Sales Tax Administrator. If you have any questions please call (970) 479-2125. The fax number is (970) 479-2248.

Approve By \_\_\_\_\_ Date \_\_\_\_\_
Town of Vail Sales Tax Administrator