



The OptiMystics Citizens Action Network

Cinco de Mayo 2024 Celebration

Saturday, May 4, 2024

10AM until 6PM – Adams Street

Vendor Registration Form

Registration Deadline: April 19, 2024

Business Name: _____

Contact Name: _____

Mailing Address: _____

Phone/Email: _____

Product(s): _____

Please note that electricity will not be provided on Adams Street.

Booth (10x10 booth space) _____ \$35 donation (\$30 for registered Non-profits & gov't agencies).

Food Vendor (self contained) _____ \$35 donation.

Total Amount Enclosed: _____

Please return form and checks payable to: *The OptiMystics Citizens Action Network, PO Box 101, Monte Vista, CO 81144.* Phone: 719-239-1811. Email: OptiMysticsCAN@gmail.com.

REGISTRATION MAY BE COMPLETED BY MAIL OR EMAIL

Cinco de Mayo Vendor Instructions

Set Up: Saturday, May 4, 2024. 8AM until 10AM. Vendors will be positioned in the 100 block of Adams St.

Tear Down: Saturday, May 4 from 6PM until 8PM. Please note that all booths must be torn down this evening.

Vendors: Please provide your own tables, chairs, awnings, etc. as needed. Any power generators must have a noise level of 70 dB or less.

Confirmation: A confirmation email containing other show instructions will be provided after your forms and donation have been received. Your exact location will be provided, closer to the actual event date.

Sales Tax: All vendors are responsible for self-reporting your own sales tax.

The 2024 Monte Vista tax is:

-State 2.9%

-Rio Grande County 2%

-Monte Vista City 3%

Total = 8.5%

Forms: If you have not done so already this year, please fill out the included City of Monte Vista Vendor Registration Form and return with your payment to:

City of Monte Vista
95 West 1st Avenue
Monte Vista, CO 81144
(719) 852-6171

All vendors should also fill out a "Sales Tax Special Event Application" and file it with the appropriate fee with the CO Department of Revenue. A simple event license is \$8 and a multi-event license is \$16 for up to a two year period. This application is also included with this registration form.

Release and Waiver of Liability and Assumption of Risk Agreement
OptiMystics Citizens Action Network
PO Box 101, Monte Vista, CO 81144

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the 2024 Cinco de Mayo Celebration and related activities, I, for myself, my successor, heirs, assigns, executors, and administrators.

1. Agree that prior to participation I will inspect the facilities, equipment, and areas to be used, and if I believe any of them to be unsafe, I will immediately advise persons supervising the event, activity, facilities, or areas.
2. Acknowledge that I fully understand that my participation may involve risk or serious injury or death, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of conduct, or this type of event or activity.
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in the event or activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against the OptiMystics Citizens Action Network or the City of Monte Vista, their officers, employees, or agents, and agents attributable to my participation in the event or activity.
5. Release, waive, discharge and relinquish the OptiMystics Citizens Action Network and the City of Monte Vista, their officers, employees, and agents from any liability, loss, damage, claim, demand, or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise.
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from the OptiMystics Citizens Action Network or the City of Monte Vista, and consent to the use of any media containing my image or activities for any legal purpose.
7. Warrant that I am in good health and have no physical condition that would prevent me from participating in this event or activity
8. The OptiMystics Citizens Action Network has the right to adjust in accordance with the CDC federal and state guidelines.
9. The OptiMystics, at their sole discretion, reserves the right to refuse a vendor's participation in our events, for any reason.

Once executed, this document relieves the OptiMystics Citizens Action Network and the City of Monte Vista and other agents of this event and activity from liability for the personal injury, wrongful death, and property damage caused by negligence. I have read this document and I understand that I have given up substantial rights by signing it and have signed voluntarily.

Signature

Printed Name

Date

Name of Business/Organization Represented:



CITY OF MONTE VISTA

www.cityofmontevista.colorado.gov

City Clerk

95 1st Ave Monte Vista, CO 81144

City Clerk: (719) 852-6171 ~ Main Fax: (719)852-6167

Vendor Registration Form for Events

Fee: \$5 per event \$25 for more than 3 events per year Paid Receipt No: _____

Name of Event: _____

Location of Event: _____

Vendor Name (DBA): _____

DBA Mailing Address: _____

DBA Business Telephone No.: _____

Owner Name: _____

Owner Address: _____

Owner Telephone No.: _____ Owner Email: _____

Goods to be Sold: _____

Vendor must comply with all relevant State and Federal laws.

Food Vendors – A copy of the food service license, issued by the State of Colorado, must accompany the vendor registration form for those serving food.

State of Colorado Sales Tax license Number: _____ (if required under State law). Please attach a copy of the license. It is the responsibility of Vendor to remit all required sales tax through the State of Colorado reporting system.

Owner Signature

Date

FOR CITY OF MONTE VISTA STAFF USE:

Issued by: _____ Vendor Number: _____

Effective Date: _____ Expiration Date _____

Non-Transferable



DO NOT SEND

DR 0589 (07/07/22)
COLORADO DEPARTMENT OF REVENUE
Taxpayer Service Center
PO Box 17087
Denver CO 80217-0087

Special Event Sales Tax Application

General Instructions

Businesses that have no permanent place of business but sell goods at fairs, festivals, bazaars, etc. or businesses that meet the requirements for a standard sales tax license, but also sell at other locations, such as fairs and festivals are required to obtain a Special Event Sales Tax License using the Special Event Sales Tax Application (DR 0589).

A standard sales tax license is required if you participate in an event that occurs more than three times at the same location during any calendar year. For example, if you participate in a Farmer's Market or flea market and sell prepared (ready-to-eat) food or other tangible property, you need a standard sales tax license. To apply for a standard sales tax license, complete the Colorado Sales Tax and Withholding Account Application (CR 0100).

Anyone who sells retail in Colorado without obtaining a sales tax license commits a class 3 misdemeanor and may also be subject to civil penalty of \$50 per day to a maximum penalty of \$1,000.

For additional Special Event Sales Tax Licensing information, refer to Tax.Colorado.gov/sales-tax-guide.

Specific Instructions

Line 1. If you have a Colorado sales tax account, check Yes and enter your Colorado account number. If not, check No.

Line 2. Enter the name of the event you are attending.

Line 3. Enter the city, county and zip code for the event. For a multiple event license, enter the city of your first event.

Line 4. Check the box that indicates the legal structure of your business or organization.

Note: All entities must have a Federal Employer Identification Number (FEIN). This includes married couples who register as a general partnership. Individuals or sole proprietorships may use their SSN or ITIN.

Business Information

Line 1a & 1b. SSN or ITIN (Required)

- Individuals/Sole Proprietor - Enter last name, first name, check the appropriate box and write in your SSN or ITIN. If the Sole Proprietor has a FEIN, complete Line 2c.

Line 2a – 2c. Business Name, Trade Name, and Federal Employer Identification Number (FEIN). If operating as any other type of organization other than Individual/Sole Proprietor, enter the business name as registered with the IRS. FEIN is issued by the Internal Revenue Service at IRS.gov. All entities listed as follows must have an FEIN.

- General Partnership, Association, or Joint Venture** - Enter the business name, tradename (if applicable), and FEIN. Note: Married couples must register as general partnership if both are owners of the business. General partnerships require a FEIN.

- Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP), Limited Liability Limited Partnership (LLLLP), or Corporation/S Corp** - Enter the legal name of the business and FEIN as filed with the IRS. This must match the FEIN documentation from the IRS.
- Government** - Enter the legal name of the government agency and FEIN.
- Estate/Trust** - Enter the legal name of the Estate/Trust and FEIN.
- Nonprofit** - Enter the name of the Nonprofit Organization and FEIN.

Trade Name/Doing Business As (DBA). If the individual or the business will be doing business under any name other than the legal name listed on Line 1 or Line 2, enter the trade name. Trade names are registered with the Colorado Secretary of State.

Line 3a. Enter the mailing address where the business will receive mail from the Colorado Department of Revenue (DOR).

Line 3b. Enter the county to your mailing address.

Line 4 - 5. Enter the business phone number and email address.

Line 6. List the specific products you sell and/or services you provide. Write a brief description of products, services and/or function of the business. The information you provide will help determine the appropriate North American Industry Classification System (NAICS) code for your business. It will also assist in getting tax information and updates to you based on your business type.

Owners/Partners/Members/Officers

Lines 1a - 2d. All organizations, including sole proprietors, must complete these lines. Enter the name, job title, SSN, and address of each:

- Individual Owner (if the business is a sole proprietorship),
- Managing Partner (if the business is a partnership),
- Managing Member (if the business is a limited liability company), or
- Principal Officer (if the business is a corporation).

Note: If there are more than two owners, attach a separate sheet listing all additional owners.

License Type and Fee

Single Event or Multiple Event?

A single event sales tax license is required if you participate in a retail sales event at one location where there are three or more vendors.

If you sell retail at more than one special event where there are three or more vendors in any two-year period, the multiple events sales tax license allows you to participate in any number of events at various locations during the two-year period.



DO NOT SEND

DR 0589 (07/07/22)
COLORADO DEPARTMENT OF REVENUE
Taxpayer Service Center
PO Box 17087
Denver CO 80217-0087

Event Period

Indicate the duration of the special event.
For a single event, enter the dates from the beginning of the event to the end of the event.
For a multiple event, refer to the fee schedule and use the same filing fee period as your event period.

License Fee

The fee for a Single Event License is \$8 per event.
The fee for a Multiple Event License is \$16 for a two-year period. The license is renewed at the beginning of each even-numbered year and expires at the end of each odd-numbered year (e.g. Jan. 1, 2020 - Dec. 31, 2021). It is prorated in increments of six months if the license is purchased after June 30 of any year.

Multiple Event Fee Schedule

If first day of sales is from:

January to June on even-numbered years (2022, 2024, 2026)	\$ 16.00
July to December on even-numbered years (2022, 2024, 2026)	\$ 12.00
January to June on odd-numbered years (2023, 2025, 2027)	\$ 8.00
July to December on odd-numbered years (2023, 2025, 2027)	\$ 4.00

Note: There is no fee for vendors who already have a standard sales tax license.

How to Apply

1. Mail the DR 0589

Download the form from the DOR taxation website at Tax.Colorado.gov under Forms. Complete the form and mail the original application along with a valid picture ID (see ID Requirements) and a check or money order for the applicable license fees to the following address

Colorado Department of Revenue
Taxpayer Service Center
PO Box 17087
Denver, CO 80217-0087

Allow 4 to 6 weeks for processing. Retain a copy of this application for your records. This copy will serve as your temporary license until you receive your official license in the mail

ID Requirements:

All mail-in and Taxpayer Service Center visit for Special Event Sales Tax Applications must provide a valid proof of identification. Valid proof includes: Colorado Driver's License or ID, out of state driver's license or ID, United States Passport, Resident Alien Card, United States Naturalization papers, or Military ID Card. If the application is provided by any individual other than the Owner, Partner, Member, or Officer of the business, a photo copy of a valid ID for the Owner, Partner, Member, or Officer who signed the application must be submitted.

2. Visit a Taxpayer Service Center

Bring the completed DR 0589 Special Event Sales Tax Application along with a valid picture ID (see ID Requirements) and a check or money order for the applicable license fees to a service center location listed. You will receive your license during your visit.

- Denver Metro**
1881 Pierce St - Entrance B
Lakewood CO 80214
- Colorado Springs**
2447 N Union Blvd
Colorado Springs CO 80909
- Pueblo**
827 W 4th St Suite A
Pueblo CO 81003
- Fort Collins**
3030 S College Ave
Fort Collins CO 80525
- Grand Junction**
222 S 6th St – 2nd Floor
Grand Junction CO 81501

Locations and hours of operation subject to change, please visit the DOR taxation website at Tax.Colorado.gov, click on Contact Us or call 303-238-SERV (7378).

Signature

- A signature must be on this document or it will not be processed.
- Please include the title of the person signing and the date signed. Allow 4 to 6 weeks to receive a license by mail when completing and sending in a DR 0589 form.



220589 19999

Special Event Sales Tax Application

1. Do you have a sales tax account in Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, enter the Colorado Account Number	
2. Name of Event			
3. City in which the event is being held (for multiple events, use the city of the 1st event)		County in which the event is being held	ZIP
4. Indicate Type of Organization. If you are not registering as an Individual, you must have a FEIN number.			
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation/S Corp	<input type="checkbox"/> Government
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Association	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Limited Partnership (LLLLP)	<input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Nonprofit (Charitable)
Business Information			
1a. Last Name (If registering as SSN or ITIN)		First Name	
Check the applicable box and write your SSN or ITIN in box 1b <input type="checkbox"/> SSN <input type="checkbox"/> ITIN		1b. SSN or ITIN (Required)	
2a. Business Name (If registering as FEIN)		2b. Trade Name / DBA (If applicable)	2c. FEIN (Required)
3a. Mailing Address		City	State ZIP
3b. County	4. Phone Number	5. Email	
6. List the specific products you sell (Required) or indicate the NAICS code. To look up the code, go to www.naics.com/search			NAICS Code
Owners/Partners/Members/Officers			
1a. Last Name		First Name	
Job Title		1b. SSN	1c. Phone Number
1d. Address		City	State ZIP



220589 29999

Colorado Account Number (Dept Use Only)

Owners/Partners/Members/Officers (continued)

2a. Last Name		First Name	
Job Title	2b. SSN	2c. Phone Number	
2d. Address	City	State	ZIP

Additional Owners/Partners/Members/Officers on a separate paper

License Type and Fees

Indicate the type of license	Event Period		License Fee			
	From (MM/YY)	To (MM/YY)				
<input type="checkbox"/> Single Event			(0120-750)	Single Event	(999)	\$
<input type="checkbox"/> Multiple Event			(0140-750)	Multiple Event	(999)	\$

Mail and Make the Check Payable to: Colorado Department of Revenue PO Box 17087, Denver CO 80217-0087	Amount Owed \$
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The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.

Signature of Owner, Partner, Member, or Officer (Required)	Job Title	Date (MM/DD/YYYY)