SPECIAL EVENT VENDOR BOOTHS

LIST OF VENDORS

EVENT NAME:_____

EVENT LOCATION:_____

DATE OF EVENT:_____

Remit one copy of this list within 10 days of the last day of the event to:

Colorado Department of Revenue
Tax Accounting Section, Room 286
1375 Sherman Street
Denver, CO 80261

Town Clerk Treasurer
Town of Creede
PO Box 457
Creede, CO 81130

Keep a copy of this list for your records.

VENDOR NAME	D/B/A	ADDRESS	COLORADO SALES TAX NUMBER