

SPECIAL USE APPLICATION FORM

**FOR AN AMBULATORY VENDOR; PEDDLER; NON-FIXED ROUTE RETAIL VENDOR SELLING FROM A VEHICLE; OR, A PERSON CARRYING ON A TRADE OR BUSINESS FROM A TEMPORARY STRUCTURE ON PRIVATE PROPERTY WITHIN THE COMMERCIAL DISTRICT**

Name of Applicant and Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Grand Lake Telephone Number and Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Street Address, and/or Legal Description of Site for Proposed Special Use Permit Activity: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Property Owner: \_\_\_\_\_  
\_\_\_\_\_

Please attach a written statement from the property owner consenting to the proposed activity should the Town issue a Special Use Permit.

Please provide copies of your Colorado Sales Tax License; your Grand Lake Sales Tax License; your Grand Lake Business License; and such other permits and licenses as are required by either the State or the County in order for you to operate. On separate sheets, provide a full description of the proposed activity for which you are seeking a Special Use Permit. Please be as specific as possible. Feel free to attach site plans, drawings, or any other information you think necessary to describe your proposed activity. At a minimum, you should describe:

- 1) the exact nature of the proposed activity;
- 2) the envisioned hours and days of operation;
- 3) the anticipated impacts the proposed Special Use will have on existing on-street parking;
- 4) the location of proposed off-street parking places (if any);
- 5) anticipated effects on pedestrian and vehicular circulation;
- 6) the type, siting, and location of any and all utilities proposed for the Special Use activity;
- 7) anticipated impacts to existing businesses of a similar nature;
- 8) proposed types, sizes and locations of signs;
- 9) visual impact mitigation plans (if any); and,
- 10) any other information you think will be helpful in having the Planning Commission and the Board of Trustees come to a determination on your request.

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**AFFIDAVIT**

BY MY SIGNATURE, I attest that the information contained or attached to this Special Use Permit application is true and correct to the best of my knowledge. I further understand that submission of false or misleading information shall be sufficient cause for the Special Use Permit to be revoked immediately without notice or hearing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

A nonrefundable \$250.00 processing fee, payable to the Town of Grand Lake, must accompany this application. This application will be considered beginning with the Planning Commission at a regularly scheduled meeting 30 days after receipt.