

**City of Santa Rosa**  
**244 S 4<sup>th</sup> St Santa Rosa, NM 88435**  
**APPLICATION FOR SOLICITATION / VENDING PERMIT**

**APPLICATION INSTRUCTIONS**

Please fill out application COMPLETELY, sign, date, and return to the City of Santa Rosa, City Clerk prior to vending. Permits are issued Monday through Friday 8:00 a.m. – 12:00 p.m. and 1:00 p.m. to 5:00 p.m. If you have any questions or concerns, please call the City Clerk at (575) 472-3404.

\_\_\_\_\_ SUMMER EVENT SEASON (Memorial Weekend through Labor Day) Local Vendors \$250  
Visitor Vendors \$400  
\_\_\_\_\_ SEPARATE EVENTS (Per Weekend) \$100 List Dates: \_\_\_\_\_

I hereby make an application to solicit within the City of Santa Rosa for a total fee of \$ \_\_\_\_\_

**Vendor spaces are assigned by City Administration. Preference will be given to local vendors. 120 amp plug per vendor. Special Requests must be approved by City Administration. Permits are subject to location availability, compliance with all health and safety regulations, and any additional City policies. Vendors shall operate only in approved areas and during approved hours.**

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Application \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

CRS Number: \_\_\_\_\_ S.S. Number (if applicable): \_\_\_\_\_

Vehicle Year, Make, Model: \_\_\_\_\_ State Licensed: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Description of articles/merchandise to be sold:  
\_\_\_\_\_

I, \_\_\_\_\_ have not been convicted of a crime involving solicitations in the City of Santa Rosa, State of New Mexico, or the United States of America within the past ten (10) years. I, also agree to indemnify and hold harmless the City of Santa Rosa, its officers, and employees from any and all damages or injury to persons or property caused by the act or neglect of the permit holder or by hazardous or negligent conditions at solicitation site.

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY**

# of Permits Issued \_\_\_\_\_ Fee Amount \_\_\_\_\_ Receipt # \_\_\_\_\_

Assigned Slot # by City Administration \_\_\_\_\_ City Employee Receiving Payment \_\_\_\_\_

Type of Payment                      Check \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_