

## **Roxborough Village Metropolitan District 2022 Food Truck Information**

Date

---

Location

---

Hours of Operation

---

Event Participants

---

### **Contractual Provisions**

Each Food Truck must submit a completed signed application attesting to having read all rules and regulations. A \$250 deposit will be required. Deposit will be returned if all rules and regulations have been followed. Deposit can be made by check.

Proof of comprehensive Liability Insurance, Douglas County Sales Tax License, and appropriate Tri-County Health License are required.

Food Truck Vendors will be responsible for paying applicable tax amount to applicable entities within required deadlines.

### **Rules and Regulations:**

See District Rules and Regulations online at  
<https://www.roxboroughmetrodistrict.org/applications>

**Roxborough Village Metropolitan  
District 2022 Food Truck Application &  
Contract**

|                   |  |
|-------------------|--|
| Name of Business: |  |
| Contact Name:     |  |
| Telephone Number: |  |
| Email Address:    |  |
| Mailing Address:  |  |
| Website:          |  |

Business/Sales tax License Number: \_\_\_\_\_

Applications Will Not Be Processed Without Deposit

\_\_\_\_\_ My check for \$250.00 is enclosed, payable to Roxborough Metropolitan District

Signature: \_\_\_\_\_

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

Please make checks payable to Roxborough Village Metropolitan District  
8390 E. Crescent Parkway, Suite 300  
C/O RVMD District Administrator  
Greenwood Village, CO 80111  
Questions? 303-779-5710

**Roxborough Village Metropolitan District  
2022 Food Truck Contract**

Applicant Name: \_\_\_\_\_

I have read the entire Information Sheet and the District Rules and Regulations and agree to adhere to all Requirements herein. Failure to follow *Food Truck Information Letter* will result in forfeit of \$250.00 deposit. Roxborough Metropolitan District will not be held responsible for loss of business.

*I understand electricity, ice and water are not provided.*

I have enclosed deposit, completed application, proof of insurance, copy of Sales Tax License, copy of Tri-County Health Department License and signed contract.

Applicant's signature: \_\_\_\_\_

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

Application, Contract Insurance, Tax and Health Licenses and Deposit must be mailed to:

Roxborough Village Metropolitan District  
C/O District Administrator  
8390 E. Crescent Parkway, Suite 300  
Greenwood Village, CO 80111

For more information please contact:  
C/O Roxborough Village MD District Administrator  
8390 E. Crescent Parkway, Suite 300  
Greenwood Village, CO 80111  
303-779-5710