



SPECIAL EVENT LICENSE APPLICATION

Event Name: _____ Event Date(s): _____

Legal Business Name: _____

Mailing Address: _____

City/State/Zip _____

Telephone: (____) _____ (____) _____ (____) _____
Business Cell Home

Type of Activity/Product: _____

Number of Tents/Booths/Locations: _____ (Certificate of Permission must be posted in each location)

[] One (1) Day Event Only \$25.00 License Fee (Valid only for one (1) specified event)

[] Multiple (Consecutive) Day Events \$100.00 License Fee (per location)

E-Mail Address: _____ Federal ID: _____

Owner(s), Partners and Officers Information (Attach separate sheet, if necessary):

Table with 3 columns: Name, State/Driver's License Number, Title

Contact Person _____ Title _____ Phone # _____
Please print

The information provided on this application is a true and complete representation of the above-named entity and person(s) listed.

Signature: _____ Print Name: _____ Date: _____

RECREATION Division Review: Approved? ___ Yes ___ No If no, reason: _____

REVENUE Division Review: Approved? ___ Yes ___ No If no, reason: _____