SPECIAL EVENT PERMIT
VENDOR APPLICATION FORM

Please complete the following information

Special Event Name:_____

Business Name:_____

DBA (if different than Business name)_____

Primary Contact Person: **Title:** **Telephone No.:**

_____ _____ _____

Business Mailing Address: **Email**

_____ _____

Street Name:

_____

City **State** **Zip Code**

Physical Address (if different from mailing address)

_____

Street Name

_____

City **State** **Zip Code**

xxxx