| | | | T | | |
|---|-----------------------------|--|--|---------------------------|--------------|
| CITY OF KINGMAN | | OF KING | EVENT: Kingman Route 66 Balloon Festival | | |
| 310 N. 4th Street, Kingman, AZ (928) 753-8113 | | | Date(s) of Event: Oct 16-18 2020 | | |
| SPECIAL EVENT VENDOR PERMIT | | | Fee: \$11 | | |
| Business Information | | | (waived with a curre | ent City of Kingman Busin | ess License) |
| Business Name: | | Business location (if different than mailing address): | | | |
| Mailing Address: | | ARIZONA SALES TAX# | | | |
| | | (Required for Collection | | | |
| | | of Kingman Sales Tax) | | | |
| | | | | | |
| | | CITY OF KINGMAN BUSINESS LICENSE #: | | | |
| Describe your business, sale | s method and the kinds of p | roducts or s | ervices to be offere | ed at this event: | , , , |
| | | | | | |
| Personal Identification of Applicant: *Not required if business has a current City of Kingman Business License. | | | | | |
| Applicants Full Name; | Relationship to business: | | | | |
| *Home Street Address: | | Contact Phone #: | | | |
| | | Drivers License #: State: | | | |
| | | Expiration Date: | | | |
| I HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND ACCURATE: | | APPROVED: | | | |
| x | | | | | |
| Signature | gnature Date | | rdinator | Date | |
| | | | | | |
| CITY OF KINGMAN | | | EVENT: Kingman | Route 66 Balloon Festi | val |
| 310 N. 4th Street, Kingman, AZ (928) 753-8113 | | OF KIND | Date(s) of Event: | ent: Oct 16-18 2020 | |
| SPECIAL EVENT VENDOR PERMIT | | | Fee: \$11 | | |
| S. 202 21 21 1 21 20 21 | | | · · | y of Kingman Business | License) |
| | | | 0 1 11 11 11 11 | | |
| | | | | | |
| SPECIAL EVENT VENDOR PERMIT | | | | | |
| MUST BE POSTED CONSPICUOUSLY | | | | | |
| | | | | | |
| ISSUED TO: | | | | | |
| DATE ISSUED: | | | | | |
| | | | | | |
| DATE EXPIRED: | | | | | |