

City of Kingman Business License #:

SPECIAL EVENT VENDOR PERMIT

PLEASE BE SURE ALL AREAS ARE LEGIBLY FILLED OUT BEFORE SUBMITTING

Name of Event:	
Event Coordinator:	Date/s of Event:
Business Name:	Phone #:
Business Physical Address:	City, State, Zip:
Email:	Arizona Sales Tax #:
Describe Your Business Type/Products:	
Applicants Name:	Phone #:
Applicants Address:	Email:
I HEREBY CERTIFY THAT THE STATEMENT	MADE ON THIS APPLICATION ARE COMPLETE AND ACCURATE.
Applicant Signature:	Date:
(BOTTOM PORTION OF THIS FO	DRM IS TO BE GIVEN TO VENDOR TO DISPLAY DURING EVENT)
CITY OF KINGMAN 310 N. 4 th Street Kingman, AZ 86401 928-753-8113	
SPECIAI	L EVENT VENDOR PERMIT
MUST BE POSTED CONSPICUOUSLY	
EVENT:	
EVENT DATE(S):	
ISSUED TO:	
DATE ISSUED:	
DATE EXPIRES:	
EVENT ORGANIZER:	DATE: