



CITY OF KINGMAN 310 N. 4th Street, Kingman, AZ (928) 753-8113 SPECIAL EVENT VENDOR PERMIT		EVENT:										
		Date(s) of Event:										
Business Information		Fee: \$11 (waived with a current City of Kingman Business License)										
Business Name:	Business location (if different than mailing address):											
Mailing Address:	ARIZONA SALES TAX# (Required for Collection of Kingman Sales Tax)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
CITY OF KINGMAN BUSINESS LICENSE #:		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Describe your business, sales method and the kinds of products or services to be offered 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 _____ Date _____ Event Coordinator _____ Date _____

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SPECIAL EVENT VENDOR PERMIT

MUST BE POSTED CONSPICUOUSLY

ISSUED TO:
DATE ISSUED:
DATE EXPIRED: