



Tax Division
 PO Box 90012
 Bellevue, WA 98009-9012
 425-452-6851

CITY OF BELLEVUE

**APPLICATION FOR TEMPORARY
 SPECIAL EVENT LICENSE**

License Fee: \$5.00 per event day per vendor
 (must accompany this application)

1. Name of event: _____
 Location of event: _____
 Dates of event: _____
 Type of event: _____
 Number of vendors participating: _____

2. Promoter: _____
 Promoter address: _____
 Telephone: _____
 Business registration number: _____

3. Entity type: Individual Partnership Corporation

List owners, partners, or corporate officers:

| <u>Name</u> | <u>Home Address</u> | <u>Telephone</u> |
|-------------|---------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Attach a list of vendors participating in the temporary special event which includes each vendor's name, address, business phone number, and a description of goods and/or services offered.

I hereby certify that the statements furnished by me on this application are true and complete to the best of my knowledge.

| |
|-----------------------|
| Signature: _____ |
| Title: _____ |
| Business Phone: _____ |
| Date: _____ |

| FOR OFFICIAL USE ONLY |
|------------------------------------|
| License No.: _____ |
| Date Issued: _____ |
| Receipt to: 100.321900.0001 (1522) |