



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)