



Business Permit Application: Temporary

- This application is for businesses applying to operate at a single, annual event, not to exceed ten consecutive calendar days.
- An event is defined as participation by exhibitors or others where displays are established in individual booths or stalls to present goods or services offered for sale, rent or promotional purposes or for exhibitors' general goodwill.
- Temporary Event Permits are required for organizers; applications are available at Zoning.

Event Information

1. Type of Event: Antique show Carnival, fair, circus Craft show
 Food festival/competition Trade/business show
 Other (describe) _____
2. Name of Event: _____
3. Location of Event: _____
4. Length of Event: _____ days Start Date: _____ End Date: _____
5. Type of merchandise to be sold (or service promoted): _____
6. Is this the first year of the event? Yes No If no, year of last event: _____

NOTE: Inspections and audits may be conducted during or after event to ensure compliance and accuracy.

Business Information

1. Corporate Business Name: _____
2. Name as seen by the public (if different): _____
3. Business Ownership: Corporation LLC LLP LP Individual
4. Date Business Started: _____
5. Work #: _____ Cell #: _____
6. 2022 NAICS Code: _____ (see <https://www.census.gov/naics/> for assistance)
7. Physical Location: _____
8. For new businesses – Projected gross revenue for this event: \$ _____
For businesses getting first business license – gross revenue from event last year: \$ _____
9. Are you an exhibitor/vendor/performer or an organizer

If you are the event organizer, please answer the following questions:

- estimated number of exhibitors/vendors/performers this year: _____
- actual number of exhibitors/vendors/performers last year: _____
- actual revenues generated by event last year: \$ _____

Names and full addresses of ALL exhibitors/vendors/performers must be provided before the event.

Owner/Principal Information

1. Owner/Principal(s) Name (no corporate names): _____
2. Federal ID # or SSN: _____
3. Complete Home Address: _____
4. Mailing Address: _____
5. Work #: _____ Cell #: _____
6. Email: _____
7. Is this person responsible for the business license? Yes No
8. If no, print the name, title and phone number of that person: _____
Title: _____ Phone: _____

Applicant Information

I certify by my signature below:

- (a) That all information in this application is true and correct;
- (b) That gross receipts are accurately reported;
- (c) That all applicable licenses and permits are obtained, and
- (d) That I understand this application is subject to being reviewed by all applicable departments to assess compliance with all the County's requirements applicable to this business.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____