



CITY OF KINGMAN 310 N. 4th Street, Kingman, AZ (928) 753-8113 SPECIAL EVENT VENDOR PERMIT			EVENT:	
Business Information			Date(s) of Event:	
Business Name:		Business location (if different than mailing address):		
Mailing Address:		ARIZONA SALES TAX# (Required for Collection of Kingman Sales Tax)		
		CITY OF KINGMAN BUSINESS LICENSE #:		
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 _____

CITY OF KINGMAN 310 N. 4th Street, Kingman, AZ (928) 753-8113 SPECIAL EVENT VENDOR PERMIT			EVENT:	
			Date(s) of Event:	
		Fee: \$11 (waived with a City of Kingman Business License)		

SPECIAL EVENT VENDOR PERMIT

MUST BE POSTED CONSPICUOUSLY

ISSUED TO:
DATE ISSUED:
DATE EXPIRED: