



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



CITY OF BELLEVUE TEMPORARY SPECIAL EVENT LICENSE APPLICATION

License Fee: \$5.00 per event day per vendor
 (Fee 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.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Phone: _____ Email: _____



For alternate formats, interpreters, or reasonable modification requests please phone at least 48 hours in advance 425-452-6800 (voice) or email tax@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.