



SPECIAL EVENT PERMIT VENDOR APPLICATION FORM

Please complete the following information.

Special Event Name: _____

Business Name: _____

DBA (If different than Business Name): _____

Primary Contact Person	Title	Telephone No.
_____	_____	_____

Business Mailing Address:	Email
_____	_____

Street Name

City	State	Zip Code
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Physical Address (If different from mailing address):

Street Name

City	State	Zip Code
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State Sales Tax Identification Number:

Is the Town of Carefree listed as a Program City under the above ID number?

YES OR NO*

* If NO, please attach an application from the Arizona Department of Revenue listing Carefree as a Program City.



Fees Paid (please check one):

\$50 per event (maximum 3 days per event)

OR

\$95 for up to three events