Print Form

SPECIAL EVENT VENDOR LICENSE

TOWN OF CAMP VERDE

473 S Main Street #102
Camp Verde, AZ 86322
(928) 567-6631

Special Event Vendor #: _____ **Web site:** www.cvaz.org

Application date: _____ **Name of Event:**_____

Event Date/s:_____

Name of Business/Organization_____

Type of Business/Promotion: _____

Location of Event:_____

Mailing Address (complete):_____
Address Town/City Zip

Telephone #: _____**Cell #:**_____ **Drivers License Number:** _____
Must provide copy of ID

Emergency Contact: _____

All vehicles used: _____
Vehicles & license plates #

Nature of Business: ☐ **Retail** ☐ **Service** ☐ **Food Service** ☐ **Non-Profit** ☐ **Civic Organization**

State Tax Number: _____

Has applicant been convicted of any crime, misdemeanor or violation of any municipal laws and the nature of the offense and the punishment or penalty assessed therefore?
☐ **No** ☐ **Yes (explain)**_____

_____

Fee Schedule: **$25.00 per event**

☐ **Other** _____

I hereby certify that the statements made herein have been examined by me and are to the best of my belief and knowledge, true and complete.

_____ / _____ _____
Signature Print name Title Date

All operators of booths or vendor displays shall prior to setting up a display area:

1. **Obtain any necessary health or regulatory permits required by law.**
2. **Obtain the written permission of the property owner for the operation.**

For office use only:
☐ **Approved by Town**_____ **Date:**_____
☐ **Denied by Town** _____ **Date:**_____