

CITY OF KINGMAN  
310 N. 4th Street, Kingman, AZ  
(928) 753-8113



Fee: \$ 11.00  
[waived with Current Business License]

City of Kingman Business License #:  
\_\_\_\_\_

## SPECIAL EVENT VENDOR PERMIT

**PLEASE BE SURE ALL AREAS ARE LEGIBLY FILLED OUT BEFORE SUBMITTING**

Name of Event: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Date/s of Event: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Arizona Sales Tax #: \_\_\_\_\_

Describe Your Business Type/Products: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicants Address: \_\_\_\_\_ Email: \_\_\_\_\_

I HEREBY CERTIFY THAT THE STATEMENT MADE ON THIS APPLICATION ARE COMPLETE AND ACCURATE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(BOTTOM PORTION OF THIS FORM IS TO BE GIVEN TO VENDOR TO DISPLAY DURING EVENT)

CITY OF KINGMAN  
310 N. 4<sup>th</sup> Street Kingman, AZ 86401  
928-753-8113



## SPECIAL EVENT VENDOR PERMIT

**MUST BE POSTED CONSPICUOUSLY**

EVENT: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

ISSUED TO: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

DATE EXPIRES: \_\_\_\_\_

EVENT ORGANIZER: \_\_\_\_\_ DATE: \_\_\_\_\_