



Business Tax # \_\_\_\_\_

Permit # \_\_\_\_\_

**SPECIAL EVENT BUSINESS TAX AND PERMIT APPLICATION**

*\*REQUIRED: A site map **must** be submitted with this application showing set-up of event including any tent locations\**

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

EVENT DATE: \_\_\_\_\_ EVENT HOURS: \_\_\_\_\_

SET UP TIME: \_\_\_\_\_ BREAKDOWN TIME: \_\_\_\_\_ ESTIMATED ATTENDANCE: \_\_\_\_\_

DESCRIBE YOUR EVENT IN DETAIL: \_\_\_\_\_  
\_\_\_\_\_

MUSIC: \_\_\_\_ YES \_\_\_\_ NO (if yes, describe) \_\_\_\_\_

ALCOHOL BEING SERVED AT EVENT: \_\_\_\_ YES \_\_\_\_ NO  
*\*If yes, requires alcohol license from State to be submitted with this application.*

TENTS: \_\_\_\_ YES \_\_\_\_ NO  
*\*If yes, it is the applicant's responsibility to secure all necessary tent and electrical permits from the Development Services department at least one week prior to the event.*

**BUSINESS INFORMATION**

BUSINESS NAME (OR DBA): \_\_\_\_\_  
*\*Must be registered with Division of Corporations (www.sunbiz.org)*

BUSINESS ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

501 C3 NON-PROFIT STATUS: \_\_\_\_ YES \_\_\_\_ NO  
*\*If yes, requires documentation to be submitted with this application.*

ALCOHOL: \_\_\_\_ YES \_\_\_\_ NO  
*\*If yes, requires alcohol license from State to be submitted with this application.*

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

Printed Name: \_\_\_\_\_