

County of Dinwiddie
Office of the Commissioner of the Revenue
P O Box 104
Dinwiddie VA 23841
Special Event Vendor License Application

EVENT

LOCATION

DATE

NAME OF BUSINESS: _____

NAME OF APPLICANT: _____

I.D. NUMBER OF APPLICANT: _____ HOME TELEPHONE: _____

OWNER OF BUSINESS: _____

ADDRESS OF APPLICANT: _____

BUSINESS ADDRESS: _____

FEDERAL IDENTIFICATION NUMBER: _____ BUSINESS TELEPHONE: _____

SALES TAX NUMBER: _____

BRIEF DESCRIPTION OF BUSINESS: _____

IF DISPLAY ONLY-NO FEE
PLEASE RETURN EVEN IF NOT ATTENDING

SPECIAL EVENT LICENSE FEE \$50.00

OATH: I, THE UNDERSIGNED APPLICANT, DO SWEAR (OR AFFIRM) THAT THE FOREGOING INFORMATION IS TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SWORN (OR AFFIRMED) BY ME THIS _____ DAY OF _____,

SIGNATURE OF APPLICANT FOR LICENSE

CHECK NUMBER _____ OR CASH _____ AMOUNT \$50.00

DINWIDDIE COUNTY RECEIPT NUMBER: _____

RECEIVED BY: _____

LORI K. STEVENS, COMMISSIONER OF THE REVENUE OR TREASURER, DINWIDDIE COUNTY