



EVENT BUSINESS LICENSE APPLICATION

Laura M. Ecimovic
 COMMISSIONER OF REVENUE
 P.O. BOX 99
 NEW KENT, VIRGINIA 23124
 PHONE (804) 966 - 9610
 FAX (804) 966 - 5562

TYPE OF OWNERSHIP:

SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC OTHER

TYPE OF EVENT:

CARNIVAL CIRCUS FAIR CULTURAL EVENT OTHER

EXEMPT: ATTACH PROOF OF TAX EXEMPT STATUS VENDOR

NAME OF EVENT			
DATES OF EVENT		LICENSE #	
LOCATION OF EVENT			

BUSINESS INFORMATION:

BUSINESS/OWNER NAME: (ENTER NAME AS FILED WITH STATE CORPORATION COMMISSION IF CORP OR LLC)

FED ID (EIN)	SSN# (SOLE PROPRIETOR OR PARTNERSHIP)	SSN# (SOLE PROPRIETOR OR PARTNERSHIP)
--------------	--	--

TRADE NAME:

MAILING ADDRESS:	CITY	STATE	ZIP
------------------	------	-------	-----

PHYSICAL ADDRESS:	CITY	STATE	ZIP
-------------------	------	-------	-----

CONTACT NAME	PHONE
--------------	-------

FAX	EMAIL	WEBSITE
-----	-------	---------

SALES TAX REGISTRATION #

VIRGINIA STATE SALES TAX REGISTRATION #- WHEN REPORTING SALES TAX EACH MONTH TO THE DEPARTMENT OF TAXATION USE NEW KENT COUNTY'S LOCALITY CODE 51127. THIS INFORMATION IS USED TO ALLOCATE LOCAL SALES REVENUE TO THE PHYSICAL LOCATION OF YOUR BUSINESS

ARE VENDORS PROVIDING PREPARED MEALS? Y N PROVIDE LIST OF FOOD VENDORS NAME, ADDRESS AND CONTACT INFORMATION	VENDORS PROVIDING PREPARED MEALS ARE REQUIRED TO REGISTER & COLLECT NEW KENT MEALS TAX
--	---

3 DAY EVENT LICENSE \$50.00 - EXEMPT ENTITY \$0	DUE	\$
--	------------	-----------

I, THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM), THAT THE FOREGOING FIGURED AND STATEMENTS ARE TRUE FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND THE LIMITS OF THIS LICENSE.

AUTHORIZED SIGNATURE AND TITLE	DATE
---------------------------------------	-------------

I, the Commissioner of Revenue of the County of New Kent, Virginia, do find the foregoing application in due form. Therefore, pursuant to the License Tax Ordinance of the county of New Kent, Virginia, this license is severally granted to the above named applicant to prosecute the business, employment or profession covered by the foregoing application as indicated hereon, at the above named definite location for the period indicated. This license, however, shall not be valid or have any legal effect unless and until the taxes (penalties and interest) prescribed by said ordinance are paid to the treasurer of New Kent County, and does not permit the license to prosecute any business, profession or occupation in violation of any New Kent County Ordinance, State or Federal law.

 Signature of Commissioner of the Revenue, his deputy or other designated official

Business License _____ Payment Amount Received _____ Payment Method _____

NAME OF EVENT			
DATES OF EVENT		LICENSE #	
LOCATION OF EVENT			

PREPARED FOOD VENDOR LIST

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	

VENDOR NAME			
ADDRESS			
CONTACT NAME		PHONE	