

COMMISSIONER OF THE REVENUE

INFORMATION REQUEST FORM FOR EVENTS HELD IN DINWIDDIE COUNTY THAT MAY BE SUBJECT TO BUSINESS LICENSE, ADMISSIONS TAX, MEALS TAX AND/OR TRANSIENT OCCUPANCY TAX. THIS FORM SHOULD BE RECEIVED AT LEAST 22 DAYS PRIOR TO THE EVENT DATE.

NAME OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT: _____

TELEPHONE NUMBER OF APPLICANT: _____

SOCIAL SECURITY NUMBER OF APPLICANT: _____

TYPE OF EVENT: _____

DETAILED DESCRIPTION OF ACTIVITIES AT THE EVENT: _____

SPONSOR OF EVENT: _____

WILL THERE BE A CHARGE TO ATTEND THE EVENT? ____ YES ____ NO

APPROXIMATE NUMBER EXPECTED TO ATTEND THE EVENT: _____

WILL THERE BE ABILITY TO STAY OVERNIGHT?
CAMPERS, RV'S OR OTHERWISE ____ YES ____ NO

WILL THERE BE FOOD SERVED? ____ YES ____ NO
IS IT FREE? ____ YES ____ NO
OR AMOUNT TO BE CHARGED: _____ (ATTACH PRICE LIST)

WILL THERE BE VENDORS AT THE EVENT? ____ YES ____ NO
(If you answered yes, there should be an attached detailed list of applicants to include: business name, business activity, home and business address, and home and business telephone before the license is issued.)

LOCATION OF THE EVENT (Complete Address): _____

MAP NUMBER: _____ OWNER OF PROPERTY: _____

COMMISSIONER OF THE REVENUE

WHO WILL RECEIVE THE PROCEEDS OF THE EVENT?

CHARITY: _____

NON-PROFIT ORGANIZATION: _____

TAX EXEMPT NUMBER MUST BE PROVIDED: _____

CLUB / ORGANIZATION:

POINT OF CONTACT / MANAGER OF THE EVENT: _____

PLACE A CHECK BESIDE THE LICENSE(S) TO BE AFFECTED: BUSINESS LICENSE _____
ADMISSIONS TAX _____ MEALS TAX _____ TRANSIENT OCCUPANCY TAX _____

WILL YOU BE SERVING OR ALLOWING ALCOHOLIC BEVERAGES: _____ YES _____ NO
ABC LICENSE NUMBER: _____

IF YES, PLEASE COMPLETE THE FOLLOWING BY CHECKING ALL THAT APPLY:

BEER _____ WINE _____ LIQUOR _____ MIXERS FOR LIQUOR _____

OATH: I, THE UNDERSIGNED APPLICANT, DO SWEAR (OR AFFIRM) THAT THE FOREGOING STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I AM AWARE OF THE TAXES THAT SHOULD BE COLLECTED AND REMITTED TO THE COUNTY. THE FORMS FOR REMITTANCE ARE NOW IN MY POSSESSION.

SWORN (OR AFFIRMED) THIS _____ DAY OF _____,

SIGNATURE OF THE APPLICANT FOR LICENSE OR AUTHORIZED AGENT

THE ABOVE APPLICATION HAS MET ALL OF THE ABOVE REQUIREMENTS OR WHERE THERE IS N/A, SIGNIFIES NOT APPLICABLE WITH MY ENDORSEMENT.

APPROVED BY: _____
LORI K. STEVENS, COMMISSIONER OF THE REVENUE

COMMISSIONER OF THE REVENUE

ADDENDUM TO THE INFORMATION REQUEST FORM: SPECIAL EVENT LICENSE

ADMISSIONS TAX INFORMATION:

PRICE PER PERSON:	PARK CHARGE	_____
	PROMOTER CHARGE	_____
	TOTAL PRICE PER TICKET	_____

WHICH APPLIES:

- 1) IF THE PARK IS NOT RECEIVING A FEE UP FRONT FROM TICKET SALES, THEN WHAT PERCENTAGE OF THE TICKET ARE YOU PAYING TO THE PARK? _____%
- 2) ARE YOUI PAYING A FLAT FEE TO THE PARK REGARDLESS OF THE # OF TICKETS SOLD?
_____ YES _____ NO FEE AMOUNT \$_____

ABC INFORMATION:

IF YOU, AS THE PROMOTER, ARE NOT SELLING ALCOHOLIC BEVERAGES, WHO IS RESPONSIBLE FOR THE LICENSE FOR THE PERSONS BRINGING THEIR OWN ALCOHOLIC BEVERAGES THAT ARE IN ATTENDANCE?