

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
DISPLAY ONLY-NO FEE

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, 20

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 JENNIFER C. PERKINS, TREASURER