

**CITY OF GROVE
FOR-PROFIT
SPECIAL EVENT APPLICATION**

Event Coordinator: _____

Event Coordinator's Address: _____

Event Coordinator's Phone No. _____
(Coordinator must be available via phone during the event)

Event Coordinator's Tax Identification Number: _____

Event Location: _____

Does Event Coordinator own the property where the event is located: _____ YES _____ NO
If NO, written permission from the property owner must be attached to this application.

Event Dates: _____

Brief description of the Event and types of items to be sold by Vendors: _____

Number of Vendors participating in the event: _____ Fee Paid: \$ _____

Number of Vendors parking overnight: _____

Number of Vendors registered with the OK Tax Commission and are collecting sales tax: _____

Number of Vendors exempt from payment of sales tax: _____

The Event Coordinator shall submit a Vendor Application for each participating Vendor with this application.

Event Coordinator shall provide each participating Vendor with an Identification Tag and each Vendor shall display the ID Tag during the entire event. Vendors without an ID Tag will not be allowed to participate in the Special Event.