

**CITY OF GROVE
LOCAL ORGANIZATION SPECIAL EVENT
VENDOR PERMIT APPLICATION**

Vendor Name: _____

Vendor's Address: _____

Vendor's Phone No. _____

(Vendor must be available via phone during the event)

Vendor Tax Identification Numbers: _____

(Include Federal and State Tax Commission Number)

Provide a copy of an Exemption Letter if Vendor is exempt from collecting sales tax.

Name of Event: _____

Event Coordinator: _____

Event Dates: _____

Will Vendor be Parking Overnight? _____ Yes _____ No

Brief description of the types of items to be sold by Vendor: _____

Has Vendor ever been convicted of a felony? _____ Yes _____ No

If Yes, describe the nature of the offense and the punishment of penalty assessed. _____

After close review of the Vendor Permit Application, I certify that the information provided is true and correct to the best of my knowledge. I acknowledge and authorize investigation of all statements contained herein. I understand that misrepresentation or omission of facts is cause for denial of participation in the Special Event.

Vendor Signature

Date