



## NOTICE TO ALL VENDORS OF SPECIAL EVENTS

Thank you for doing business in our Town we are glad you are here. There are a few things that we would like you to do to participate in the special events per our Town Code.

### Required attachments to the permit application:

- Copy of State Transaction Privilege Tax License
- Copy of driver's license. (in accordance with A.R.S.§ 41-1080)

### Other requirements:

- We must receive your application for the Vendors Permit 10 days before the event you are wishing to participate in or your permit may be denied.
- If you show up for an event and you have not been issued a permit you will be asked to leave. We will not issue permits the day of the event
- Your State Transaction Privilege Tax License number will be verified with the state and if invalid your permit will be denied. **A copy of the TPT License must be displayed at the event.**
- You must collect a 9.6% tax on all items sold (food for immediate consumption on grounds is 11.6%) and pay the taxes to the State and indicate that the sales were made within the Town of Pinetop-Lakeside. Taxes paid to the state will be verified and if not paid all future permits may be denied.
- If you were a vendor in 2011 in the Town of Pinetop-Lakeside and you did not pay your tax to the Town you may be denied.

If you have any questions please call Cody Blake at (928)368-8883 x 232

Thank you,

Cody Blake



<b>FOR OFFICIAL USE ONLY</b>	
PERMIT #:	_____
PERMIT FEE PAID: \$	_____
DATE:	_____
ISSUED BY:	_____

**TOWN OF PINETOP-LAKESIDE  
VENDOR'S PERMIT APPLICATION**

**All application must be submitted a minimum of 10 days prior to the start of the event.**

BUSINESS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 APPLICANT NAME: \_\_\_\_\_ RELATIONSHIP TO BUSINESS: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 EVENT SPONSOR: \_\_\_\_\_  
 DATE OF EVENT: \_\_\_\_\_ **(Permit good only on date(s) indicated)**  
 E-MAIL ADDRESS: \_\_\_\_\_

**NATURE & TYPE OF BUSINESS:**

<input type="checkbox"/>	Retail Sales	<input type="checkbox"/>	Other Sales
<input type="checkbox"/>	Real Estate Services	<input type="checkbox"/>	Other Professional Services
<input type="checkbox"/>	Building or Construction	<input type="checkbox"/>	Auto Sales, New/Used
<input type="checkbox"/>	Other: _____		

Brief Description: \_\_\_\_\_  
 Please describe any chemicals or hazardous materials/wastes to be used or stored by the business: \_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF BUSINESS ENTITY:**

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Non-Profit Corporation (Proof Required)	<input type="checkbox"/>	Other
<input type="checkbox"/>	L.L.C.		

If a Corporation or L.L.C., state where formed: \_\_\_\_\_  
 Name and Address of Statutory Agent: \_\_\_\_\_  
 Federal I.D. #: \_\_\_\_\_ State Transaction Privilege Tax License #: \_\_\_\_\_  
**(Copy of State License MUST be attached to application)**

If applicable: (Please attach a copy of the Permit)  
 Navajo County Health Department Certificate/Permit: \_\_\_\_\_  
 Federal Licenses/Registrations/Permits: \_\_\_\_\_

**OWNER/OFFICER(S) OF BUSINESS:**

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____

NAME & PHONE NUMBER OF PERSON TO BE CONTACTED IN THE EVENT OF ANY EMERGENCY:  
 SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ **APPLICATION FEE: \$20.00**