



FOR OFFICIAL USE ONLY	
PERMIT #:	_____
PERMIT FEE PAID: \$	_____
DATE:	_____
ISSUED BY:	_____

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

BUSINESS NAME: _____ PHONE #: _____
 APPLICANT NAME: _____ RELATIONSHIP TO BUSINESS: _____
 PHYSICAL ADDRESS: _____
 MAILING ADDRESS: _____
 EVENT SPONSOR: _____
 DATE OF EVENT: _____ (Permit good only on date(s) indicated)

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 Sales Tax #: _____

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