



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.

New

- An annual Permit is now available at a proposed cost of \$75.00. This allows you to participate in as many events as you would like and only go through the process once.

Required attachments to the permit application:

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

Other requirements:

- We must receive your Vendor's Permit application **a minimum of 10 days** prior to the start of the event 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 8.6% tax on all items sold (food for immediate consumption on grounds is 10.6%) 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 have any questions please call Cody Blake at (928)368-8883 x 231

Thank you,

Cody Blake



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

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

- Single Event Permit** **Annual Permit**

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

BUSINESS NAME: _____ PHONE #: _____

APPLICANT NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EVENT SPONSOR: _____

DATE OF EVENT(S): _____ **(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"/> 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 | <input type="checkbox"/> L.L.C. |

Arizona State Transaction Privilege Tax License #: _____

(Copy of State License MUST be attached to THIS application)

Federal I.D. #: _____

If applicable: (Please attach a copy of the Permit)

Navajo County Health Department Certificate/Permit: _____

OWNER/OFFICER(S) OF BUSINESS:

NAME

ADDRESS

SIGNATURE: _____ DATED: _____

APPLICATION FEE: \$20.00 FOR A SINGLE EVENT PERMIT OR \$75.00 FOR ANNUAL PERMIT