

City of Norfolk
Application for Special Event Business License

New Applicant **Renewal – Account #** _____

Business/Owner Name & Mailing Address

Trade Name & Business Address

A Social Security Number or Federal Tax ID number is required to process this application.

Social Security # _____ or Federal Tax ID # _____

Phone Number: (____) _____ Email: _____

Description of business activity:

- | | | | |
|--------------------------|--|----------------|------------------|
| <input type="checkbox"/> | Non-food Vendor | \$50.00 | <u>999100-01</u> |
| <input type="checkbox"/> | Non-food Vendor - games, rides, etc.
(10% admissions tax required) | \$50.00 | <u>999100-01</u> |
| <input type="checkbox"/> | Food Vendor – Food sold prepackaged / Factory sealed
(No Meal Taxes required) | \$50.00 | <u>999101-01</u> |
| <input type="checkbox"/> | Food Vendor – Prepared foods
(6.5% meals tax required) | \$50.00 | <u>999101-01</u> |
| <input type="checkbox"/> | Itinerant Merchant or Show Promoter | \$500.00 | <u>999300-01</u> |
| <input type="checkbox"/> | Scope Promoter | up to \$500.00 | <u>999300-02</u> |

Norfolk City Code – License Requirements, Sec. 24-25.3,10 and Sec. 42-39.

***Only list events for which you have applied and been approved by the organizer**

- | | <u>Event Name:*</u> | <u>Event Date:</u> |
|----|----------------------------|---------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

This information is true and correct to the best of my knowledge.

Name _____ Title _____ Signature _____ Date _____
 (Print)

Make checks/money orders payable to: **Norfolk City Treasurer**

Payments by mail: **Special Events, Commissioner of the Revenue**
PO Box 2260, Norfolk, VA 23501-2260

Commissioner of the Revenue / 810 Union Street, 1st Floor, Norfolk, VA 23510/ Phone 757-664-7886