



FESTIVAL LICENSE APPLICATION

CITY OF DOUGLAS

425 10TH STREET

Douglas, AZ 85607

(520) 417-7333 - Fax (520) 417-7162

			For Office Use Only		
Festival Name:		Festival Dates:		Application Date:	
			Festival License Type:		
			TPT	OBL	
SECTION I. BUSINESS LOCATION INFORMATION				License Fee	
Business Name:				\$5.00 PER DAY	
Street Address:				Total:	
City:		State:		Zip:	
E-Mail Address:					
Business Phone#:			Business Fax #		
SECTION II. MAILING ADDRESS (if different than business location)					
Address:					
City:		State:		Zip:	
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION					
Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> Corp.	<input type="checkbox"/> Gen Partnership	<input type="checkbox"/> S Corp.
Owner Name:				Day Time Phone #:	
Corporation or LLC Name:					
SECTION IV. BUSINESS TYPE					
Business Type	<input type="checkbox"/> Retail	<input type="checkbox"/> Amusements	<input type="checkbox"/> Other/Service		
	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Taxi/Shuttle			
	<input type="checkbox"/> Rental of Tangible Pers Property	<input type="checkbox"/> Hotel/Motel			
Describe in detail business activity:					
State TPT #		Federal ID# or SS#		Health Permit #	

BUSINESS OWNERS: UNDER THE CITY CODE YOU ARE LIABLE FOR ANY UNPAID TAXES.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____