



**SPECIAL EVENT PERMIT
VENDOR APPLICATION FORM**

Please Complete the following information

Business Name (Company or Individual DBA):

Primary Contact Person	Title	Telephone No.
<hr/>	<hr/>	<hr/>

Business Mailing Address:

Street name

City	State	Zip Code
<hr/>	<hr/>	<hr/>

Physical Address (where business is based if different from mailing address):

Street name

City	State	Zip Code
<hr/>	<hr/>	<hr/>

.....
State Sales Tax Identification Number:

Is the Town of Carefree Listed as a Program City under the above ID Number?

YES **OR** **NO***

* If No, please attached application from Arizona Department of Revenue listing Carefree as a Program City.