



**SPECIAL EVENT PERMIT
VENDOR APPLICATION FORM**

Please Complete the following information

Business Name (Company or Individual DBA):

Primary Contact Person

Title

Telephone No.

Business Mailing Address:

Street name

City

State

Zip Code

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

Street name

City

State

Zip Code



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.**

