

# VENDOR EVENT SPONSOR APPLICATION

DO NOT WRITE IN SHADED AREAS

<b>PERMIT NO.</b> <b>ES-</b>	<b>EXPIRATION DATE</b>	<b>DATE SUBMITTED</b>	<b>DATE ISSUED</b>
<b>NAME (Last, First Middle)</b>		<b>PLACE OF BIRTH</b>	<b>CITIZENSHIP</b>
<b>ALIASES, MAIDEN NAME, NICKNAME(S)</b>			
<b>PERSONAL ADDRESS (No P.O. Boxes)</b>			
<b>CITY, STATE, ZIP</b>			<b>HOME TELEPHONE</b>
<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>RACE</b>	<b>GENDER</b>	<b>HEIGHT</b>
			<b>WEIGHT</b>
			<b>EYE COLOR</b>
			<b>HAIR COLOR</b>
<b>SOCIAL SECURITY NUMBER (Optional)</b>		<b>WORK VISA/RESIDENT ALIEN NUMBER</b>	<b>EXPIRATION DATE (MM/DD/YYYY)</b>
<b>EVENT SPONSOR INFORMATION</b>	<b>NAME OF BUSINESS/EVENT SPONOR</b>		
	<b>STREET ADDRESS</b>		
	<b>CITY, STATE, ZIP</b>		<b>BUSINESS TELEPHONE</b>
	<b>FEDERAL TAX IDENTIFICATION NUMBER</b>	<b>STATE TAX IDENTIFICATION NUMBER</b>	<b>BOND EXPIRATION DATE</b>
<b>EVENT INFORMATION</b>	<b>PROPERTY OWNER NAME</b>		
	<b>EVENT ADDRESS</b>		
	<b>CITY, STATE, ZIP</b>		<b>PROPERTY OWNER TELEPHONE</b>
	<b>DATES OF OPERATION (Excluding weekends and holidays)</b> <input type="checkbox"/> <b>Continuous</b> <input type="checkbox"/> <b>Temporary</b>		<b>DATES OF TEMPORARY OPERATION</b> <b>FROM:                      TO:</b>
	<b>DESCRIPTION OF THE EVENT GOODS/SERVICES TO BE SOLD</b>		
<b>REFERENCES</b>	<b>LIST TWO (2) PERSONS WHO WILL CERTIFY YOUR GOOD CHARACTER AND BUSINESS RESPONSIBILITY</b>		
	<b>NAME</b>	<b>CONTACT INFORMATION</b>	
	<b>NAME</b>	<b>CONTACT INFORMATION</b>	
<b>LIST ALL TRAFFIC AND CRIMINAL CONVICTIONS</b>	<b>CHARGE</b>	<b>DATE</b>	<b>JURISDICTION AND DISPOSITION</b>

**LIST THE NAMES, ADDRESSES, AND DATES OF BIRTH, AS WELL AS THE NATURE OF BUSINESS AND THE GOODS TO BE SOLD OR SERVICES TO BE PERFORMED, FOR EACH OF THE PARTICIPANTS IN THE ITINERANT VENDOR EVENT. IF ANY OF THE PARTICIPANTS ARE CORPORATIONS, THE LIST SHALL ALSO STATE THE REGISTERED AGENT AND STATE OF INCORPORATION FOR EACH CORPORATION.  
ATTACH SEPARATE SHEET(S) IF NECESSARY**

**PARTICIPANTS IN VENDOR EVENT**

**PARTICIPANTS NAME**

**PARTICIPANTS HOME ADDRESS**

**CITY, STATE, ZIP**

**PARTICIPANTS DATE OF BIRTH**

**BUISNESS NAME**

**BUISNESS ADDRESS**

**CITY, STATE, ZIP**

**BUSINESS TELEPHONE**

**TYPE OF GOODS/SERVICES TO BE SOLD**

**PARTICIPANTS NAME**

**PARTICIPANTS HOME ADDRESS**

**CITY, STATE, ZIP**

**PARTICIPANTS DATE OF BIRTH**

**BUISNESS NAME**

**BUISNESS ADDRESS**

**CITY, STATE, ZIP**

**BUSINESS TELEPHONE**

**TYPE OF GOODS/SERVICES TO BE SOLD**

**PARTICIPANTS NAME**

**PARTICIPANTS HOME ADDRESS**

**CITY, STATE, ZIP**

**PARTICIPANTS DATE OF BIRTH**

**BUISNESS NAME**

**BUISNESS ADDRESS**

**CITY, STATE, ZIP**

**BUSINESS TELEPHONE**

**TYPE OF GOODS/SERVICES TO BE SOLD**

**PARTICIPANTS NAME**

**PARTICIPANTS HOME ADDRESS**

**CITY, STATE, ZIP**

**PARTICIPANTS DATE OF BIRTH**

**BUISNESS NAME**

**BUISNESS ADDRESS**

**CITY, STATE, ZIP**

**BUSINESS TELEPHONE**

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BUSINESS TELEPHONE

TYPE OF GOODS/SERVICES TO BE SOLD

APPLICANT CERTIFICATIONS	I Hereby Declare That Each Of The Following Statements Is True:	INITIALS
	I have read, and I do understand Chapter 18 of Prince William County Ordinance in its entirety.	
	I understand that any false statement made in this application or any failure to comply with the requirements of Chapter 18 may subject the itinerant vendor and/or sponsor to criminal penalties and fines.	
	I have provided a complete list of all participating vendors, including their full names, home and business addresses, and dates of birth.	
	I confirm that I am knowledgeable about and will adhere to all applicable laws, ordinances, rules, and regulations concerning this event.	
	I confirm that all participating vendors are knowledgeable about and will adhere to all applicable laws, ordinances, rules, and regulations concerning this event.	
	I have accurately disclosed the nature of the business and the specific goods or services to be sold or performed by each participant.	
	For any participating vendors that are corporations, I have provided the registered agent and state of incorporation.	

Authorization is hereby given for a review and full disclosure of all records, or any part thereof, concerning myself, by any duly authorized agent of the Prince William County Police Department, whether the said records are of a public, private or confidential nature. I understand that any false or misleading statements will lead to rejection or revocation of the Vendor Event Sponsor Permit.

**Do NOT sign unless in the presence of a Notary Public**

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Notary Public Signature \_\_\_\_\_ Notary Public ID# \_\_\_\_\_

In the City of Manassas, Commonwealth of Virginia. My Commission Expires on \_\_\_\_\_

