

# APPLICATION FOR VENDOR EVENT SPONSOR PERMIT

DO NOT WRITE IN SHADED AREAS

PERMIT NO. <b>ES-</b>	EXPIRATION DATE	DATE SUBMITTED	DATE ISSUED
APPLICANT (Primary Owner or Primary Shareholder)		PLACE OF BIRTH	CITIZENSHIP
PWC VENDOR PERMIT NUMBER (IF APPLICABLE)	BOND EXPIRATION DATE	FEDERAL TAX ID NUMBER	
HOME ADDRESS (No P.O. Boxes)			
CITY, STATE, ZIP			
DATE OF BIRTH (MM/DD/YYYY)	RACE	GENDER	TELEPHONE
SOCIAL SECURITY NUMBER	WORK VISA/RESIDENT ALIEN NUMBER (if applicable)	EXPIRATION DATE (MM/DD/YYYY)	
<b>BUSINESS INFORMATION</b>	NAME OF BUSINESS/EMPLOYER		
	STREET ADDRESS		
	CITY, STATE, ZIP	BUSINESS TELEPHONE	
Have you ever been convicted of a Felony?	Have you ever been convicted of a crime involving drugs, lying, stealing or cheating?	Have you ever been convicted of a traffic ticket?	
<b>IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, DESCRIBE BELOW: (Use attachments if necessary)</b>			
EVENT ADDRESS			
PROPERTY OWNER'S NAME		PROPERTY OWNER'S TELEPHONE	
DATES OF OPERATION <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary		DATES OF TEMPORARY OPERATION <b>FROM:</b> <b>TO:</b>	
<b>References –</b>			
<b>List two (2) persons who will certify your good character and business responsibility</b>			
NAME		CONTACT INFORMATION	
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## Participants in Vendor Event

NAME OF PARTICIPANT	HOME ADDRESS OF PARTICIPANT
PARTICIPANT'S DATE OF BIRTH	PARTICIPANT'S TELEPHONE
BUSINESS NAME	TYPE OF GOODS FOR SALE

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I certify that I have read Chapter 18 of the Code of Prince William County regulating solicitors/peddlers/vendors. INITIALS: \_\_\_\_\_

I understand that any false or misleading statements on this application may result in the denial of this application and prosecution for perjury. INITIALS: \_\_\_\_\_

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. INITIALS: \_\_\_\_\_

**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 \_\_\_\_\_

