For Office Use Only

ID _____

LIC # _____

Approved

City Manager _____

License Office _____

City of Sanford

PO Box 3729
Sanford, NC 27331-3729

FESTIVAL / SPECIAL EVENT
APPLICATION FOR PRIVILEGE LICENSE

Name of Organization _____

Mailing Address _____

City, State, Zip _____

If Individual or Partnership, list name(s) and address(es); if Corporation, name and address of President and Secretary.

(A) _____
(B) _____

Telephone Number: Business _____ Other _____

Date(s) and time(s) of proposed event _____

Location of event _____

Name of event _____

Brief description of event _____
_____

There is a $50 fee for each separate event.

*** A list of all vendors participating in the event must be attached along with a copy of your temporary use permit issued by the zoning department.**

APPLICANT SIGNATURE _____ TITLE: _____ DATE: _____