



Itinerant Vendor License Application

Initial Application

Renewal

Applicant Information:

Name of Applicant: _____
 Permanent Address: _____ Contact Telephone#: _____
 Local Address: _____ Local Telephone#: _____

Event Information:

Length of time for which the right to do business (event) is desired: *(cannot exceed 90 days)* _____

Name, Address, and telephone number of property where event is intended to be held:

Property Owner Name: _____
 Address of the Event: _____ Telephone#: _____
 Property Owner Signature: _____ Cell phone#: _____

***Attach a written lease or written permission from the owner of the property on which event is to be held. (Written lease or written permission shall not be dated more than sixty-(60) days prior to date of the application.)**

State the nature, type, and quality of goods, wares, and/or merchandise to be sold or offered for sale by applicant in the municipality, and the cost of goods, wares, or merchandise.

Will the event deal/engage with/in food and or beverage vendors? (Food Prep/Heating) YES NO

*****If yes, a letter or certificate from the Department of Health stating compliance with all state health codes is required.**

Will the business require a sign or signs? YES NO

If yes signage must comply with sign ordinance. Provide description of sign(s) to be used for advertisement.

FOR CITY OF PELL CITY OFFICIAL USE ONLY

Permit Expiration Date: _____ Permit Number: _____
 Application received by: _____ Date: _____
 Application reviewed by: _____ Date: _____
 Planning & Zoning Approval: _____ Date: _____

Comments: _____

City of Pell City
1905 FIRST AVENUE NORTH
PELL CITY, AL 35125

Special Events Tax Return
Logan Martin Lake Fest
May 20, 2016 - May 21, 2016

(DUE BY MAY 31, 2016)

TAX ID# _____
 LOGAN MARTIN LAKE FEST

REPORTING VENDOR INFORMATION (MUST COMPLETE):
 NAME _____
 MAILING ADDRESS _____
 CITY/STATE/ZIP _____

(FILE RETURN FOR EACH EVENT EVEN THOUGH NO TAX MAY BE DUE)

TYPE OF TAX	(A) Gross Taxable Amount	(B) Total Deductions DETAILS ON BACK	(C) Net Taxable (Column A- B)	(D) Tax Rate	(E) Gross Tax Due (Column C x D)
A. SALES TAX					
3. Amusement & General				5%	
**** THESE TAXES ARE NOT ELIGIBLE FOR DISCOUNT ****					
This return must be postmarked by the 10 th day following the event for which it is filed to avoid penalties and interest.					

(If delinquent, items 2 & 3 will be invoiced if not included in amount remitted.)

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the event attended.

SIGNATURE: _____

DATE: _____ TITLE: _____

1. NET TAX DUE (Item A.3.Column E)	
2. PENALTY (10% of Item Net Tax Due)	
3. INTEREST (Net Tax Due X 1% per # mos. or fraction thereof.)	
4. Total Tax Due (Item 1 + 2 + 3)	

INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT

- TO AVOID THE APPLICATION OF PENALTY AND/OR INTEREST AMOUNTS, THIS REPORT MUST BE FILED ON OR BEFORE THE 10TH DAY FOLLOWING THE EVENT FOR WHICH THE REPORT IS SUBMITTED. USPO CANCELLATION POSTMARK WILL DETERMINE TIMELY FILING.
- A REMITTANCE FOR THE TOTAL AMOUNT DUE PAYABLE TO THE CITY OF PELL CITY MUST BE SUBMITTED WITH THIS REPORT.
- THIS REPORT MUST BE SUBMITTED EVEN IF NO SALES WERE MADE. FILE A ZERO OR NO SALES REPORT PLEASE.

COMPUTER GENERATED, DUPLICATED OR REPLICATED FORMS ARE ACCEPTABLE AS REMITTANCE FORMS



City of Pell City

Vendor Registration Form for Special Events – FY 2016

Name of Special Event: _____

Dates of the Event: _____

Name of Organization/Agency: _____

Mailing Address: _____

Street Address (if different from above): _____

Name & Title of Contact Person: _____

Contact Phone #: _____ Email Address: _____

Federal Tax ID #: _____ Website: _____

Activities that will take place at the event:

Have you participated in this event in past? _____ yes _____ no

If so, what year(s) did you participate:

Who is your Chief Financial Officer: _____ Phone #: _____

Signature: _____ Title: _____ Date: _____