



Date _____
Tracking Number _____

OCCUPATIONAL AND BUSINESS LICENSE: POP-UP EVENT HOST

BUSINESS INFORMATION

Legal Name of Business _____ Application Date _____

Trade Name of Business _____

City Tax Account # _____ Current City Occupational License # _____

Ownership Type: Individual Partnership Corporation Limited Liability Company (LLC) Non-Profit

Business Location Street Address _____ Zip _____

Mailing Street Address _____

Mailing City _____ Mailing State _____ Mailing Zip _____

Contact Name _____ Contact Phone _____

Contact Email _____ Relationship to Business _____

VENDORS

Do you have any events scheduled or planned with specific vendors at this time? Yes No

If yes, please list the vendor(s) below, and submit your Shared Kitchen Agreement(s) with this application:

Vendor Name	Email	Phone

_____ Applicant Signature _____ Date _____