FREDERICK COUNTY, VIRGINIA COMMISSIONER OF THE REVENUE

107 North Kent Street, Winchester VA 22601 • PO Box 552, Winchester VA 22604-0552

Amber Lucht www.fcva.us/biztax Phone: 540.722.8335 Business Division amber.lucht@fcva.us Fax: 540.667.6487 Account No.: ______
Lic. Effective Dates: _____

APPLICATION FOR BUSINESS LICENSE FOR <u>SPONSOR</u> of EVENT/SHOW/FESTIVAL

- Please read the relevant provisions of the Frederick County Code including but not limited to Chapter 155 (Business License and Taxation) and Chapter 86 (Festivals).
- Sponsor is the person, group, business, or organization sponsoring, organizing, promoting, hosting, or otherwise being responsible for the event/show/festival.
- Sponsor license fee is \$100 per event/show/festival. Payment can be made by check payable to the "Frederick County Treasurer" and
 included with this application or the application can be emailed to amber.lucht@fcva.us and an email will be sent when the account is
 available for online payment.
- If the Sponsor has been granted a recognition of exemption from federal taxation (e.g., under section 501(c)(3)) by the IRS, please attach a copy of the document evidencing such IRS exemption recognition to this Application.
- The issuance of this License does not relieve the licensee of the obligation to comply with all applicable State, local, and County requirements/regulations and to maintain in full force and effect all other applicable licenses and permits, e.g., County Administration (festival permit), Health (sanitation requirements), Alcoholic Beverage Control (alcohol permit), and Fire & Rescue (fire protection plan).

EVENT INFORMATION							
Event Title/Name:	Event Date(s):						
Event Location:							
	SPON	NSOR (APPLICANT) INF	ORMATION				
Sponsor (Applicant	t) Name:						
Trading As/Fictitious Name (if applicable):							
Business Entity	Check one: Sole Proprietor/Individual Corporation Limited Liability Company Partnership						
& Names/Titles:	□ Other (specify):						
Officers (Pres., V.P., Sec., Treas.)							
• Directors	Name	Title	Name	Title			
Partners Members	Name	Title	Name	Title			
	Name	Title	Name	Title			
Mailing Address:							
Physical Address:							
Business Phone:			Fax:				
Contact Person:	Contact Phone:						
Email Address:							
Federal EIN / SSN:							
VA Sales Tax No.:	OR VA Sales Tax Exemption No.:						
	VEND	OR (PARTICIPANT) INF	FORMATION				
Please see page	2 to provide information	n regarding each parti	cipating vendor.				
		CERTIFICATION					
Applicant is a busine partner, executive corporation to sign. as to every material	ess entity such as a trust, par officer, or other person speci It is a misdemeanor for any I matter. (Code Va. Sec. 58.1	tnership, limited liability conficiently authorized in writing person to willfully subscript-11)	Il the requirements of the Frompany, or corporation, it mug by the trust, partnership, little a return which is not believe information herein is true.	ust be signed by a member, imited liability company, or eved to be true and correct			
I, the undersigned, do swear or affirm under penalty of perjury that (1) the information herein is true, complete, and correct to the best of my knowledge and belief, (2) I understand the limits of this License, and (3) I am the business owner or a member, partner, executive officer, or other person specifically authorized by the business in writing to sign on its behalf.							
Signatur	re F	Print Name T	itle or Capacity for Signing	Date			

VENDOR (PARTICIPANT) INFORMATION [provide list below or attach your own listing]

*§155-98(D) of Frederick County Code states: A nonprofit organization is not required to obtain a license under this section nor is any person or organization participating in an event, not to exceed ten consecutive days in length, conducted by a nonprofit organization, when the purpose of such event is in furtherance of the nonprofit nature of such organization, required to obtain a license under this section.

Vendor (Business) Name	Vendor Federal Tax ID No.	Vendor Address	Vendor Phone	Vendor Email	Vendor Contact Person	Is this Vendor required to obtain a Business License?* (Check One)
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
						□ Yes □ No
		[Hea additional na	/-\ :£ 1			

[Use additional page(s) if needed]

Check	cone:	□ Sponsor will forward	the Application for Ve	ndor License and oth	her applicable information	to the above-listed vendors.
-------	-------	------------------------	------------------------	----------------------	----------------------------	------------------------------

☐ Sponsor requests that the Commissioner of the Revenue forward the Application for Vendor License and other applicable information to the above-listed vendors.