## FREDERICK COUNTY, VIRGINIA

COMMISSIONER OF THE REVENUE

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

Amber Lucht <a href="www.fcva.us/biztax">www.fcva.us/biztax</a> Phone: 540-722-8335 Business Division <a href="mailto:amber.lucht@fcva.us">amber.lucht@fcva.us</a> Fax: 540-667-6487

Account No.:	
Lic. Effective Dates:	

## APPLICATION FOR <u>VENDOR</u> LICENSE FOR EVENT/SHOW/FESTIVAL

- Please read the relevant Business License and Taxation provisions of Chapter 155 of the Frederick County Code.
- If Vendor 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.
- Vendor license must be obtained by all out-of-jurisdiction vendors pursuant to Frederick County Code § 155-100 and by all other vendors pursuant to Frederick County Code § 155-73.
- Vendor fee of \$30 is 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 <a href="mailto:amber.lucht@fcva.us">amber.lucht@fcva.us</a> and an email will be sent when the account is available for
  online payment.
- Vendors who sell food and drink may be subject to additional Meals Tax requirements per the Frederick County Code § 155-117 through §
  155-130 and VA State Code § 58.1-3833, including the collection & remittance of a separate Meals Tax.
- The issuance of this License does not relieve the licensee of the obligation to comply with the requirements or regulations of the Department of Health, Fire & Rescue Department, Alcoholic Beverage Control Board, and/or all other applicable State or local agencies or County Departments and to maintain in full force and effect all other applicable licenses and permits.

County Departments a	and to maintain in full force an	nd effect all ot	her applicable lic	enses and	permits.			
		<b>EVENT I</b>	NFORMATIO	N				
Event Title/Name:				Event D	Date(s):			
Event Location:								
Sponsor Name:								
Sponsor Address:								
Sponsor Contact:				Conta	ct Phone:			
	VENI	DOR (APPL	ICANT) INFOR	RMATIO	N			
Vendor Name:		,	•					
Trading As/Fictitious	Name (if applicable):							
Business Entity & Names/Titles:	Check one: □ Sole Propried □ Other (specify):	tor/Individua	al 🗆 Corporati	on 🗆 Lin	nited Liabil	ity Con	pany   Partne	ership
Officers (Pres., V.P.,	omer (openny):							
Sec., Treas.) • Directors	Name	Title		Name		_	Title	
Partners	Name	 Title	····	Name		_	Title	
Members	Name	 Title		Name		_	Title	
Mailing Address:	Name	Title	<u> </u>	Ivaille			Title	
Physical Address:								
Business Phone:				Fax:				
Contact Person:				Contact	Phone:			
Email Address:								
Federal EIN / SSN:								
VA Sales Tax No.:			OR VA Sales Ta	ax Exempt	ion No.:			
Description of						Do yo	u intend to sell	□ Yes
Items for Sale:						food/	beverages?	□ No
		CER	TIFICATION					
as a trust, partnership, lim writing by the trust, partr	ature confirms that Applicant has contend in the contend in the company, or corporation in the company, or company, one company, one company, one contend in the company, one contend in the contend in t	ion, it must be sign or corporation to	gned by a member, o sign. <i>It is a misde</i>	partner, exe	cutive officer	, or othe	person specifically a	uthorized in
and belief, (2) I unders	swear or affirm under penalty of pe stand the limits of this License, and ( I by the business in writing to sign or	(3) I am an indivi	•					-
Signatu	re	Print Name		itle or Capac	city for Signing		 Date	