

CORPORATION TOWN OF FLOYD

138 WILSON STREET
FLOYD, VA 24091
(540) 745-2565

LICENSE ISSUED: _____

LICENSE NUMBER: _____

APPLICATION FOR SPECIAL EVENT BUSINESS LICENSE

FORM FOR SPECIAL EVENTS ONLY
DUE DATE: 7 DAYS PRIOR TO THE EVENT

SPECIAL EVENT: _____ DATE & TIME OF EVENT _____

BUSINESS NAME: _____

Principal Owner or Agent: _____

Federal Tax I.D. No.: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ PHONE NUMBER _____

PHYSICAL LOCATION DURING SPECIAL EVENT: _____

Please list all employees & phone number who will be participating in this Special Event:

NAME: _____

NAME: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

NAME: _____

NAME: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

NAME: _____

NAME: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

NAME: _____

NAME: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

Please list all types of goods, wares or other merchandise or information that you plan to make available to the public:

Non-Profit organizations and businesses with current Town of Floyd Business License do need to complete this application form but are NOT subject to the fees.

OF DAYS FOR THIS EVENT _____ x \$10.00 \$ _____

PENALTY - \$10.00 PER DAY \$ _____

TOTAL DUE: \$ _____

I hereby make oath that the above constitutes an accurate account of the business activities that I plan to participate in for the above stated Special Event. I understand that this Special Event license is valid for the above stated Special Event ONLY and in no manner allows or approves any other business activity provided by me or my representatives at any other time or place in the Corporation Town of Floyd limits.

DATE: _____

SIGNATURE: _____

**This application must be filled out completely and signed before license issuance will be considered.