

**CORPORATION TOWN OF FLOYD**

**PO Box 27, Floyd, VA 24091-0027**

Physical Address: 203 E. Oxford Street  
(540) 745-2565

DATE RECEIVED: _____
LICENSE ISSUED: _____
LICENSE NUMBER: _____

**APPLICATION FOR SPECIAL EVENTS BUSINESS LICENSE**

**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: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PHYSICAL LOCATION DURING EVENT: \_\_\_\_\_

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

#1 NAME: \_\_\_\_\_

#4 NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#2 NAME: \_\_\_\_\_

#5 NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#3 NAME: \_\_\_\_\_

#6 NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

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

I hereby make an 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.*