



# FESTIVAL LICENSE APPLICATION

CITY OF DOUGLAS

425 10TH STREET

Douglas, AZ 85607

(520) 417-7333 - Fax (520) 417-7162

			For Office Use Only							
Festival Name:		Festival Dates:		Application Date:						
				Festival License Type: <b>TPT OBL</b>						
SECTION I. BUSINESS LOCATION INFORMATION										
Business Name: <b>\$5.00 PER DAY</b>										
Street Address: Total:										
City:		State:	Zip:							
E-Mail Address:										
Business Phone#:		Business Fax #								
SECTION II. MAILING ADDRESS (if different than business location)										
Address:										
City:		State:	Zip:							
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION										
Ownership:	<input type="checkbox"/>	Individual	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Corp.	<input type="checkbox"/>	Gen Partnership	<input type="checkbox"/>	S Corp.
Owner Name:					Day Time Phone #:					
Corporation or LLC Name:										
SECTION IV. BUSINESS TYPE										
Business Type		Retail Restaurant/Bar Rental of Tangible Pers Property				Amusements		Other/Servic		
						Taxi/Shuttle				
						Hotel/Motel				
Describe in detail business activity:										
State TPT #		Federal ID# or SS#			Health Permit #					

**BUSINESS OWNERS: UNDER THE CITY CODE YOU ARE LIABLE FOR ANY UNPAID TAXES.**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_