SINGLE SPECIAL EVENT VENDOR / EXHIBITOR APPLICATION

ORGANIZATION:_____ **CONTACT:**_____

ADDRESS: _____ _____ _____ _____
STREET CITY STATE ZIP

_____ _____ _____
PHONE EMAIL FAX

EVENT:_____

BOOTH LOCATION(S):_____

DATES:_____ **TO:** _____

HOURS OF OPERATION:_____ **TO:** _____

DO YOU HAVE A CURRENT STOREY CO. BUSINESS LICENSE?
NO_____ **YES**_____ **#**_____

DETAILED DESCRIPTION OF PRODUCTS SOLD:
_____
_____
_____

** Food Vendor's must have a Nevada St. Health Dept. permit and have fire extinguisher on site during cooking**

_____ _____
APPLICANT (Please Print) **DATE**

_____ _____
APPLICANT SIGNATURE **COUNTY APPROVAL / TITLE**

✓ **ALL TENTS / BOOTHS MUST BE ANCHORED PROPERLY TO THE GROUND**

NOTE: All vendors are required by law to report sales tax information to the Nevada Dept. of Taxation.(Storey County's sales tax rate is 7.6%)

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