



TOWN OF SUMMERVILLE SPECIAL EVENT BUSINESS LICENSE APPLICATION

For Office Use Only
Event License Number

_____ Clerk

Type of Vendor: Arts & Crafts _____ Food _____ Other _____

Name of Event or Property Owner: _____

Event location/address: _____

Date(s) of Event: _____ Time of Event: _____ to _____

Business Name _____

Business Address _____

Telephone _____ Email _____

Provide at least one of the following: FEIN# _____ or SSN # _____

Owner's Name _____ Driver's License # _____

Owner's Address _____

This section to be completed by Food Vendors only

Food Vendor's Estimated Gross Sales \$ _____

2% Hospitality Tax \$ _____

Event License Fee \$10 Summerville Residents or \$20 for non-Summerville Residents \$ _____

Total Amount Due \$ _____

Food Vendors will pay the 2% Hospitality Tax plus the License Fee. All other vendors will pay the License Fee only.

_____ Signature

_____ Date