



PARK CITY MUNICIPAL CORPORATION
P.O. BOX 1480 - PARK CITY, UT 84060 - 435-615-5221

CONVENTION SALES LICENSE

BUSINESS NAME _____

DOING BUSINESS NAME _____

BUSINESS DESCRIPTION _____

DATES _____ PLEASE CHECK IF THIS EVENT IS DURING SUNDANCE _____

FEDERAL ID _____ STATE TAX IF APPLICABLE _____

BUSINESS LOCATION _____
Street Suite # City State Zip

PHONE NUMBER _____

MAILING ADDRESS _____

OWNER CONTACTS _____ PHONE # _____
ADDRESS _____

LOCAL CONTACTS _____ PHONE# _____
ADDRESS _____
EMAIL ADDRESS _____

IF THERE ARE ADDITIONAL BUSINESSES AT THIS LOCATION PLEASE PROVIDE THE FOLLOWING INFORMATION.

BUSINESS NAME _____

CONTACT NAME _____ PHONE # _____
GENERAL DESCRIPTION _____
FEDERAL ID # _____ STATE ID # _____

BUSINESS NAME _____

CONTACT NAME _____ PHONE # _____

GENERAL DESCRIPTION _____

FEDERAL ID # _____ STATE ID # _____

BUSINESS NAME _____

CONTACT NAME _____ PHONE # _____

GENERAL DESCRIPTION _____

FEDERAL ID # _____ STATE ID # _____

BUSINESS NAME _____

CONTACT NAME _____ PHONE # _____

GENERAL DESCRIPTION _____

FEDERAL ID # _____ STATE ID # _____

BUSINESS NAME _____

CONTACT NAME _____ PHONE # _____

GENERAL DESCRIPTION _____

FEDERAL ID # _____ STATE ID # _____

USE ADDITIONAL PAGES IF NECESSARY.

EACH PERSON OR BUSINESS ENGAGING IN TEMPORARY EXHIBITING, MARKETING, DISPLAYING, GIFTING OR PROMOTING OF GOODS OR SERVICES MUST BE LISTED.

I hereby certify I am responsible for the behavior, activity, conduct of each and every vendor on this application. Failure to comply with all applicable codes or failed inspections for any vendor on this list may result in closure of the venue or revocation of license.

SIGNATURE

DATE

CONVENTION LICENSE FEES \$ _____

ALL FEES MUST BE VERIFIED BY THE FINANCE DEPARTMENT AND SENT AT THE SAME TIME AS THE APPLICATION FOR APPROVAL. PLEASE NOTE: THIS PROCESS MAY TAKE UP TO 10 BUSINESS DAYS TO PROCESS. THIS APPLICATION MAY NOT BE FAXED OR E-MAILED.