

PARK CITY MUNICIPAL CORPORATION
 445 Marsac Ave. P.O. BOX 1480 PARK CITY, UT 84060 435-615-5225 business@parkcity.org



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:		PHONE #	
MAILING ADDRESS			
OWNER CONTACTS:		PHONE #	ADDRESS:
LOCAL CONTACTS		PHONE #	ADDRESS:
		EMAIL ADDRESS:	

IF THERE ARE ADDITIONAL BUSINESS 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