



# 2009 TEMPORARY\ SPECIAL EVENT LICENSE

TOWN OF KILMARNOCK

PO BOX 1357

KILMARNOCK, VA. 22482-1357

804-435-1552

www.kilmarnockva.com

“Temporary\Special Event Vendors” are those who only conduct business in Town as a function of participating in a Special Event. A “temporary\special events license” is required for each event in Kilmarnock.

There are two types of “Temporary\Special Event vendors”-either food related or non food. Food related vendors are supplying prepared meals or portions of prepared meals.

“Temporary\Special Event vendors” of non food items are required to pay a fee.

“Temporary\Special Event vendors” of prepared food pay a fee in lieu of submitting a prepared meals tax for the event.

Non-profit organizations are required to comply with this requirement, however no fees will be charged.

A valid annual Business License also serves as a Temporary\Special Event License. All vendors must have either of these valid licenses available\posted during the Special Event.

A Temporary\Special Event License will not be issued until this application is completed and returned to the Town Office fully executed.

Name of Business\Non Profit \_\_\_\_\_ Phone (work) \_\_\_\_\_

Trading As \_\_\_\_\_ Phone (cell) \_\_\_\_\_

FEIN # \_\_\_\_\_ VA Resale # \_\_\_\_\_

Address (Street) \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Event in which you are participating \_\_\_\_\_

Date(s) anticipated being in Town of Kilmarnock \_\_\_\_\_

Web Address \_\_\_\_\_ E-Mail \_\_\_\_\_

Print Name: Principal/Owner \_\_\_\_\_ Local Manager/Officer \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Required documentation: For food vendors, proof of Health Dept certification.

NON-FOOD VENDORS FEE ----- \$10.00

FOOD VENDORS FEE ----- \$50.00

ANNUAL BUSINESS LICENSE ----- \$30.00 or % of gross sales

Approved 04212008 Town council meeting

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**For Office Use Only:**

Health Dept Permit received \_\_\_\_\_ License # \_\_\_\_\_