

301 D'Olive Street  
Bay Minette, Alabama  
36507



(251) 580-1619  
Fax (251) 580-1652  
www.cityofbayminette.org

## Special Event License Application

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Cell Home

Activity/Product: \_\_\_\_\_

Expected Gross Revenue from Event: \$ \_\_\_\_\_

One Event Only (Per Event)  
(valid for 1 event only – less than 5 days)  
**\$25.00** License Fee

Multiple Events (Annual)  
License Fee\* (valid through Dec 31<sup>st</sup>)  
\*Fee will be based on applicable Ordinance Section

Federal ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Owner(s), Partners and Officers Information (Attach separate sheet, if necessary)**

Name	State/Driver's License Number	Title
_____	_____	_____
_____	_____	_____

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Please Print

### Disclaimer and Signature

*The information provided on this application is a true and complete representation of the above named entity and person(s) listed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Event Permit Applicable: _____ Yes _____ No
Special Event Permit: Approved? _____ Yes _____ No

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Business License # _____ Tax ID # _____
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**\*License should be posted at the booth\* EXP Date \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_**