



EVENT LICENSE APPLICATION

This license must be completed by the sponsor, organizer, or promotor of any event (exhibit, fair, market) with participating vendors within the corporate city limits of Lewiston. Application and attachments must be submitted no later than 14 days prior to the start of your event to:

Community Development Attn: Business Licensing, 215 D Street, Lewiston ID 83501.

EVENT INFORMATION			
Event Name:		Event Location:	
# of Vendors:	# of Days:	Start Date:	End Date:
SPONSOR INFORMATION			
This event is sponsored by: <input type="checkbox"/> Business <input type="checkbox"/> Individual		Business License #:	
Business or Individual Name:		Phone:	
Address:			
<small>STREET ADDRESS</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
Responsible Local Contact:		Phone:	
REQUIRED ATTACHMENTS			
<input type="checkbox"/> Site plan of the location to be used for this event with vendor locations <input type="checkbox"/> Completed Hold Harmless Agreement <input type="checkbox"/> Vendor list with contact name, phone number, and type of vendor (food, retail, informational)			
ACKNOWLEDGMENTS			
I understand that if any part of my event encroaches on or impacts public property or the public right of way (streets, sidewalks, alleys, traffic), I may be required to obtain a permit from the Department of Public Works.		Initial: _____	
I understand that if I or any vendor at my event plans to serve or sell alcohol beverages, I am required to obtain an Alcohol Catering Permit from Community Development.		Initial: _____	
I understand that if the noise from my event will exceed the maximum permissible sound levels for the neighborhood in which the event is held, I may be required to obtain a Noise Level Variance from the LPD.		Initial: _____	
I understand that my event will host food or beverage vendors, I am required to notify Idaho Public Health.		Initial: _____	
LICENSE AND FEES			
Event Fee: \$60		Amount Paid: \$	
SIGNATURE			
I certify that the information submitted with this application is true, correct and complete to the best of my knowledge and belief.			
_____		_____	
Signature		Date	

Printed Name			

EVENT VENDORS

If more space is required, please use the back side of this sheet.

Business Name: _____
Contact Name and Phone Number: _____
Vendor Type: _____

Business Name: _____
Contact Name and Phone Number: _____
Vendor Type: _____

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Contact Name and Phone Number: _____
Vendor Type: _____

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Contact Name and Phone Number: _____
Vendor Type: _____

SITE PLAN

Please provide a site plan (for outdoor event) or a floor plan (for indoor event) of the location to be used for your event.