



Post Office Box 1329  
Lake City, SC 29560

Phone (843) 374-5421  
FAX (843) 374-1809

# City of Lake City

## SPECIAL EVENT LICENSE APPLICATION

Name of Business: \_\_\_\_\_

Physical / Business Address

Mailing Address

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Federal ID / Social Security Number

Temporary Business

Event Location: \_\_\_\_\_

Permanent Business

Event Description: \_\_\_\_\_

### Event Description

- |  |        |         |                  |
|--|--------|---------|------------------|
| <input type="checkbox"/> Arts & Crafts Vendors                     | 454390 | \$65.00 |                  |
| <input type="checkbox"/> Concessions                               | 454390 | \$65.00 |                  |
| <input type="checkbox"/> Retail, games, & others                   | 454390 | \$65.00 |                  |
| <input type="checkbox"/> Already have a Lake City Business License |        | \$25.00 | License #: _____ |

\*\*\* Non-Profit Vendors - A letter is to be submitted to the City of Lake City reflecting your status. Once this information is received, it will be reviewed, after which, a letter of clearance will be issued to operate at the event. \*\*\*

Have you attended any event in the City of Lake City? (Please circle one)  Yes  No

What is your Art or Craft? \_\_\_\_\_

*I understand that issuance of a City Business License does not relieve me of the responsibility of meeting all City zoning and building Vendor Packets code requirements, and that I am subject to all provisions of the Business License Ordinance of the City of Lake City.*

*I (we) do hereby certify that the above information and amount returned as gross income from my (our) Business or Profession is true and correct, and that I have made no deductions except income on which I have paid a business fee to another City or County, for which I have proof of payment. I am familiar with the penalty provisions of the City Ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application.*

*I (we) understand that my business Income tax returns and other documents may be inspected to verify income or other business data.*

Return this completed application & license fee to:  
The City of Lake City - Attn: Finance - P.O. Box 1329 - Lake City, SC 29560

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

Print Name: \_\_\_\_\_

