

Post Office Box 1329  
Lake City, SC 29560



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## City of Lake City

### SPECIAL EVENT LICENSE APPLICATION (NON-CITY SPONSORED EVENTS)

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

#### Physical / Business Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Mailing Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

#### Federal ID / Social Security Number

Temporary Business  
 Permanent Business

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

#### Event Description

<input type="checkbox"/> Arts & Crafts Vendors	454390.	\$ _____ (contact event host for rates)
<input type="checkbox"/> Concessions	454390.	\$ _____ (contact event host for rates)
<input type="checkbox"/> Retail, games, & others	454390	\$ _____ (contact event host for rates)
<input type="checkbox"/> Already have a Lake City Business License		\$ _____ 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: \_\_\_\_\_