



CITY OF NEWPORT
DEPARTMENT OF FINANCE & ADMINISTRATION
LICENSE DIVISION
(859) 292-3660

APPLICATION FOR TEMPORARY VENDOR LICENSE CN-2T

1 APPLICATION INFORMATION

NAME OF APPLICANT _____ EMAIL _____

TRADE NAME OR DBA _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

\$ 1 5

1/2 DAY EVENT/FESTIVAL

\$ 2 5 (UNDER \$2500 JOB COST)

1-3 DAY CONTRACTORS

\$ 3 5 (RIVERFRONT AREA)

1-4 DAY EVENT/FESTIVAL

NAME OF EVENT OR LOCATION OF PROJECT _____

DATE OF EVENT/FESTIVAL OR DATE OF PROJECT _____

2 OWNER(S) OF BUSINESS

If an individual, provide full name, residence address, telephone number, date of birth and social security number.

NAME/ADDRESS	TITLE	PHONE	D.O.B.	S.S.#

3 IDENTIFICATION NUMBERS

Enter any or all identification numbers which apply to your company:

FEDERAL EMPLOYERS I.D. NUMBER (number used to file Federal Income Tax) _____

KENTUCKY ACCOUNT NUMBER (number used to file KY Income Tax) _____

SOCIAL SECURITY NUMBER (sole proprietor only) _____

4 NATURE OF BUSINESS

Please describe the business and its operation, including where and how sales, services and/or any other activities take place. Be Specific. Any license issued will be only for those activities outlined in this application. Any expansion beyond these activities is unlawful until a new application is submitted and approved.
(If your business is Electrical, Plumbing or HVAC, list all KY master license numbers below including a copy of your ID cards.)

5 I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

SIGNED **X** _____ DATE _____

MAKE PAYMENTS TO: CITY OF NEWPORT

MAIL TO: PO BOX 1090, NEWPORT, KY 41071

ISSUANCE OF THE LICENSE IS:

DATE THIS _____ DAY OF _____ 2 0 _____

_____ APPROVED

X _____

_____ DENIED

LICENSE INSPECTOR

OFFICIAL USE

rev. 10/12