



**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** **\$ 2 5** (UNDER \$2500 JOB COST) **\$ 3 5** (RIVERFRONT AREA)
 1/2 DAY EVENT/FESTIVAL 1-3 DAY CONTRACTORS 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