

SPECIAL EVENT VENDOR LIST

CITY OF BULLHEAD CITY Business License Office P.O. Box 23189

Bullhead City, AZ 86439-3189

(928) 763-0110 - Fax (928) 763-0131 bhcbusinesslicense@bullheadcityaz.gov

Location: 2355 Trane Rd., Bullhead City, AZ 86442

DATE OF EVENT

NOTICE TO ALL SPECIAL EVENT SPONSORS

You are required to compile a list of all vendors along with their Arizona Sales Tax I.D. Number and **collect from each vendor the amount of \$30.00** (for swap meet vendors \$50.00 for 180 days – no refunds or proration) no later than 24 hours before the Special Event, and deliver to the Bullhead City Finance Department for processing and issuance of the vendor permits. Late arriving vendors with an Arizona Transaction Privilege Tax Identification number may be allowed to participate at the Special Event with the additional payment of \$30.00 late fee through the sponsor to the City. The sponsor must file with the Finance Department an amended vendor list on the first business day after the Special Event. The sponsor will issue a city provided "Late Arrival" vendor permit to the late vendor. Late arriving vendors that intend to sell taxable goods shall not be allowed to participate if they don't possess a valid Arizona Transaction Privilege Tax Identification number.

Important Notice:

NAME OF EVENT:

Per A.R.S. § 9-495. Employees providing assistance; identification; communication:

A. In any written communication between a city or town and a person, the city or town shall provide the name, telephone number and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:

- 1. Demands payment of a tax, fee, penalty, fine or assessment.
- 2. Denies an application for a permit or license that is issued by the city or town.
- 3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.

B. An employee who is authorized and able to provide information about any communication that is described in subsection A of this section shall reply within five business days after the city or town receives that communication.

LOCATION OF EVENT:				
NAME OF SPONSOR/PROM	MOTER:			
Example:				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Smokey Joe's Sandwiches	1255 East Long St.	Fast Food, Retail, Games	6769	\$30.00
Contact Name	City, State and Zip	Business Phone Number	BHC License #	No fee for
Joseph Jones	Phoenix, AZ 85016	1-850-759-4568	08 922969	Non-Profit BHC Licensed
				Businesses
1)		T	T	Γ
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
2)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
3)			T	
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	

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CITY OF BULLHEAD CITY

4)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
5)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
6)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
7)	Mail Table 0 Object	T (D)		I Fara Bail
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
8)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
9)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
10)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
11)				<u> </u>
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	

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CITY OF BULLHEAD CITY

Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
240000		1,750 01 2 40		
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
13)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
14)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
15)Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
16)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
17)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
18)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
19)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	

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CITY OF BULLHEAD CITY 20)

20)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
21)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
22)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
23)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
24)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
25)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
26)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	
27)				
Business Name	Mail To: No. & Street	Type of Business	AZ TP Tax # or	Fees Paid
Contact Name	City, State and Zip	Business Phone Number	BHC License #	