

407 East Laurel Avenue
P.O. Box 1750
Foley, Alabama 36536



(251) 943-1545
Fax (251) 952-4014
www.cityoffoley.org

Special Event License Application

Event Name: _____ Event Dates _____

Legal Business Name: _____

Mailing Address: _____

Phone: (____) _____ (____) _____ (____) _____
Business Cell Home

Activity/Product: _____

Expected Gross Revenue from Event: \$ _____

- One Event Only (Per Event) Multiple Events (Yearly)
 (valid for 1 event only – less than 5 days) (More Than 5 Days and/or More than 5 Events)
\$20.00 License Fee **\$112.00** License Fee (valid through Dec 31st)

Federal ID: _____ Email Address: _____

Owner(s), Partners and Officers Information (Attach separate sheet, if necessary)

Name	State/Driver's License Number	Title
_____	_____	_____
_____	_____	_____

Contact Person: _____ Title: _____ Phone #: _____
Please Print

Disclaimer and Signature

The information provided on this application is a true and complete representation of the above named entity and person(s) listed.

Signature: _____ Date: _____

Fire Department Review: Approved? _____ Yes _____ No
Revenue Division Review: Approved? _____ Yes _____ No
City Council/Recreation: Approved? _____ Yes _____ No

Business License # _____ Tax ID # _____ Project User Fee # _____
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***License should be posted at the booth* EXP Date _____ Initials: _____ Date: _____**