FREDERICK COUNTY, VIRGINIA

COMMISSIONER OF THE REVENUE

107 North Kent Street, Winchester VA 22601 • PO Box 552, Winchester VA 22604-0552

Amber Lucht www.fcva.us/biztax
Business Division amber.lucht@fcva.us Fax: 540-667-6487

Account No.:	
Lic. Effective Dates: _	

APPLICATION FOR <u>VENDOR</u> LICENSE FOR EVENT/SHOW/FESTIVAL

- Please read the relevant Business License and Taxation provisions of Chapter 155 of the Frederick County Code.
- If Vendor has been granted a recognition of exemption from federal taxation (e.g., under section 501(c)(3)) by the IRS, please attach a copy of the document evidencing such IRS exemption recognition to this Application.
- Vendor license must be obtained by all out-of-jurisdiction vendors pursuant to Frederick County Code § 155-100 and by all other vendors pursuant to Frederick County Code § 155-73.
- Vendor fee of \$30 is per event/show/festival. Payment can be made by check payable to the "Frederick County Treasurer" and included
 with this application or the application can be emailed to amber.lucht@fcva.us and an email will be sent when the account is available for
 online payment.
- Vendors who sell food and drink may be subject to additional Meals Tax requirements per the Frederick County Code § 155-117 through § 155-130 and VA State Code § 58.1-3833, including the collection & remittance of a separate Meals Tax.
- The issuance of this License does not relieve the licensee of the obligation to comply with the requirements or regulations of the Department of Health, Fire & Rescue Department, Alcoholic Beverage Control Board, and/or all other applicable State or local agencies or County Departments and to maintain in full force and effect all other applicable licenses and permits.

County Departments			• • • • • • • • • • • • • • • • • • • •		•	- 20 d-		*	
	EVENI	INFORMAI	ION *Forms			g 30 da	rys prior to ev	ent *	
Event Title/Name:				Event Date(s):					
Event Location:									
Sponsor Name:									
Sponsor Address:									
Sponsor Contact:				Conta	ct Phone:				
	VENDO	R (APPLICA	NT) INFORMA	ATION					
Vendor Name:									
Trading As/Fictitious	s Name (if applicable):								
Business Entity	Check one: Sole Proprie	etor/Individua	al 🗆 Corporati	on 🗆 Lin	nited Liabi	lity Com	pany 🗆 Partne	ership	
& Names/Titles:	☐ Other (specify):								
 Officers (Pres., V.P., Sec., Treas.) 						_			
• Directors	Name	Title		Name			Title		
PartnersMembers	Name	Title		Name		_	Title		
Wellibers	Name	Title		Name		Title			
Mailing Address:									
Physical Address:									
Business Phone:				Fax:					
Contact Person:				Contact	Phone:				
Email Address:									
Federal EIN / SSN:									
VA Sales Tax No.:			OR VA Sales Ta	ax Exempt	ion No.:				
Description of						Do you	u intend to sell	□ Yes	
Items for Sale:						food/l	beverages?	□ No	
		CER	TIFICATION						
	ature confirms that Applicant has co								
	nited liability company, or corporat								
	nership, limited liability company, o orrect as to every material matter.			meanor Jor	any person t	o wiiifuiiy	subscribe a return	wnich is not	
I, the undersigned, do	swear or affirm under penalty of pe	erjury that (1) the	e information herein						
2 ,	stand the limits of this License, and d by the business in writing to sign o		uudi, trie business o	wner, or a m	ernber, partn	er, execut	ive ojjicer, or otner p	erson	
· · ·		•							
Sianatu	ire	Print Name	T	itle or Capac	itv for Sianina	7	Date		