

**City of Norfolk**  
**Application for Special Event Business License**

**New Applicant**     **Renewal – Account #** \_\_\_\_\_

Business/Owner Name & Mailing Address

Trade Name & Business Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A Social Security Number or Federal Tax ID number is required to process this application.

Social Security # \_\_\_\_\_ or Federal Tax ID # \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Description of business activity:**

- |                          |                                                                                  |                |                  |
|--------------------------|----------------------------------------------------------------------------------|----------------|------------------|
| <input type="checkbox"/> | Non-food Vendor                                                                  | \$50.00        | <u>999100-01</u> |
| <input type="checkbox"/> | Non-food Vendor - games, rides, etc.<br>(10% admissions tax required)            | \$50.00        | <u>999100-01</u> |
| <input type="checkbox"/> | Food Vendor – Food sold prepackaged / Factory sealed<br>(No Meal Taxes required) | \$50.00        | <u>999101-01</u> |
| <input type="checkbox"/> | Food Vendor – Prepared foods<br>(6.5% meals tax required)                        | \$50.00        | <u>999101-01</u> |
| <input type="checkbox"/> | Itinerant Merchant or Show Promoter                                              | \$500.00       | <u>999300-01</u> |
| <input type="checkbox"/> | Scope Promoter                                                                   | up to \$500.00 | <u>999300-02</u> |

*Norfolk City Code – License Requirements, Sec. 24-25.3,10 and Sec. 42-39.*

**\*Only list events for which you have applied and been approved by the organizer**

- |    | <b><u>Event Name:*</u></b> | <b><u>Event Date:</u></b> |
|----|----------------------------|---------------------------|
| 1. | _____                      | _____                     |
| 2. | _____                      | _____                     |
| 3. | _____                      | _____                     |
| 4. | _____                      | _____                     |
| 5. | _____                      | _____                     |

This information is true and correct to the best of my knowledge.

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Print)

Make checks/money orders payable to: **Norfolk City Treasurer**

Payments by mail: **Special Events, Commissioner of the Revenue**  
**PO Box 2260, Norfolk, VA 23501-2260**

**Commissioner of the Revenue / 810 Union Street, 1<sup>st</sup> Floor, Norfolk, VA 23510/ Phone 757-664-7886**