



APPLICATION FOR TEMPORARY VENDOR EVENT BUSINESS LICENSE

APPLICATION FOR:

(Name of Event)

(Dates of Event)

Please complete this form and submit it by mail or in person along with your Check, Money Order or Cashier's Check in the amount of \$25 made out to the City of Camden. Fees must be paid/received as soon as possible,

Mail to: Temporary Business License, City of Camden, PO Box 7002, Camden, SC 29021

In person: Customer Service Counter, Temporary Business License, City of Camden, 1000 Lyttleton Street, Camden, SC, 29020.

Phone: 803-432-2421 / Stephanie Bowers

NOTE: Entities with existing valid Camden Business License must complete and submit this form. However, they are exempt from the TEMPORARY VENDOR EVENT BUSINESS LICENSE fee.

BUSINESS NAME _____ DESCRIPTION: _____
MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____
OWNER/OFFICER _____ FEDERAL ID NO _____
BUSINESS PHONE _____ EMERGENCY PHONE _____
SOCIAL SECURITY NO _____ SC SALES TAX NO _____
ON-SITE EVENT CONTACT/ REPRESENTATIVE(S): _____

Total Fee Now Due*: \$25.00

EVENT LOCATION: _____

EVENT NAME: _____

CODE: _____ (For City of Camden Office Use Only)

BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT THE ABOVE INFORMATION IS ACCURATE, THAT ALL REQUIRED PERMITS AND FEES HAVE BEEN PAID, AND THAT ALL (APPLICABLE) PROPERTY TAXES DUE AND PAYABLE TO THE CITY OF CAMDEN HAVE BEEN PAID.

SIGNATURE

TITLE

DATE