

**CITY OF BISBEE FINANCE DEPARTMENT
118 ARIZONA STREET
BISBEE, AZ 85603
(520) 432-6000**

APPLICATION FOR SPECIAL EVENT LICENSE

(Please print firmly or type)

- (1) **Applicant's Name:** _____
- (2) **Mailing Address, City, State & Zip:** _____

- (3) **Business Name:** _____
- (4) **Business Address:** _____
- (5) **City:** _____ **State:** _____ **Zip:** _____
- (6) **Business Phone No.:** _____ **Resident Phone No.:** _____
- (7) **Name of Special Event:** _____ **Date:** _____
- Specify date(s) License needed:** _____

(8) **Will you be serving food :** **YES** **NO**

If yes, do you have a Health Dept. Food Certificate: **YES** **NO**

(A copy of the Cochise County Health Dept. Certificate **MUST** accompany this application otherwise it will not be accepted)

Fees: Permit fee: \$32.50
Vendor fee of: \$4.00 per day. (When promoter subletting to other vendors)

Total submitted: \$ _____

I _____ being first duly sworn upon oath hereby declare, under penalty of perjury, that I am the licensee making the foregoing application and that said application has been read and that the contents thereof and all statements contained therein are true, correct, and complete.

Signature of Applicant

Date

Make checks payable to: City of Bisbee
118 Arizona Street
Bisbee, Arizona 85603