



**CITY OF NEWPORT  
DEPARTMENT OF FINANCE & ADMINISTRATION  
LICENSE DIVISION  
(859) 292-3660**

**APPLICATION FOR TEMPORARY VENDOR LICENSE CN-2T**

**1 APPLICATION INFORMATION**

NAME OF APPLICANT \_\_\_\_\_ EMAIL \_\_\_\_\_

TRADE NAME OR DBA \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- \$ 1 5  
1/2 DAY EVENT/FESTIVAL
  \$ 2 5 (UNDER \$2500 JOB COST)  
1-3 DAY CONTRACTORS
  \$ 3 5 (RIVERFRONT AREA)  
1-4 DAY EVENT/FESTIVAL

NAME OF EVENT OR LOCATION OF PROJECT \_\_\_\_\_

DATE OF EVENT/FESTIVAL OR DATE OF PROJECT \_\_\_\_\_

**2 OWNER(S) OF BUSINESS**

If an individual, provide full name, residence address, telephone number, date of birth and social security number.

NAME/ADDRESS	TITLE	PHONE	D.O.B.	S.S.#

**3 IDENTIFICATION NUMBERS**

Enter any or all identification numbers which apply to your company:

FEDERAL EMPLOYERS I.D. NUMBER (number used to file Federal Income Tax) \_\_\_\_\_

KENTUCKY ACCOUNT NUMBER (number used to file KY Income Tax) \_\_\_\_\_

SOCIAL SECURITY NUMBER (sole proprietor only) \_\_\_\_\_

**4 NATURE OF BUSINESS**

Please describe the business and its operation, including where and how sales, services and/or any other activities take place. Be Specific. Any license issued will be only for those activities outlined in this application. Any expansion beyond these activities is unlawful until a new application is submitted and approved. (If your business is Electrical, Plumbing or HVAC, list all KY master license numbers below including a copy of your ID cards.)

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

**5 I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.**

SIGNED X \_\_\_\_\_ DATE \_\_\_\_\_

MAKE PAYMENTS TO: CITY OF NEWPORT

MAIL TO: PO BOX 1090, NEWPORT, KY 41071

ISSUANCE OF THE LICENSE IS:

\_\_\_\_ APPROVED  
\_\_\_\_ DENIED

DATE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2 0 \_\_\_\_\_

X \_\_\_\_\_  
LICENSE INSPECTOR

OFFICIAL USE