

Buildings & Safety Engineering Department
Business License Center
105 Coleman A. Young Municipal Center
(313) 224-3179

SPECIAL EVENT VENDOR APPLICATION

Vendor Name: FIRST _____ MI _____ LAST _____

Corp. Name: _____

D.B.A. _____

Business Address: _____ City _____ State _____ Zip _____

Business Telephone # (____) _____ Fax (____) _____

Email Address: _____

Drivers License or State Identification # _____

Date of Birth _____

War Veteran: Fee Waived (Sec. 41-2-22.5 (b))

YES _____ (must include copy of DD214 Honorable Discharge – NO _____

.....
Event Name: _____

Event Sponsor: _____

Event Date (s): _____ # Of Days _____ Alternate Date (s): _____

Type of Vendor: Merchandise Yes _____ No _____ Product (s) _____

Food Yes _____ No _____ Product (s) _____

OFFICE USE ONLY *****

Fee Exempt Yes _____ No _____

Date Fee Pd. _____ / Initials _____