

# SAMPLE VENDOR LIST & LICENSE

Vendor Business Name	Contact Name	Mailing Address	City	State	Zip Code	Phone Number	Account Number
John's Crafts	John Smith	123 Alphabet St.	New Orleans	LA	70116	504-555-5555	000000000
Jane's Shirts	Jane Brown	345 Number St.	New Orleans	LA	70116	504-555-5551	000000111

## SAMPLE LICENSE WITH REQUIRED ACCOUNT NUMBER CIRCLED

THIS PERMIT MUST BE PUBLICLY DISPLAYED

### City of New Orleans OCCUPATIONAL LICENSE

LICENSE NO: [REDACTED]  
 DATE ISSUED: [REDACTED]  
 DATE EXPIRES: **December 31, 2013**

Issuance of this occupational license is a receipt for payment of said tax and entitles the recipient to operate a business at the location shown, provided said business is operated within the confines of the application thereof, and does not violate any city or state criminal, health or zoning laws.

For the year ending December 31, 2013, the person or firm named hereon is hereby licensed to pursue the occupation of **1202 - Special Events-Other (Vendor)**

TAXPAYER	[REDACTED]	AMOUNT:	\$50.00
ACCOUNT NO:	[REDACTED]	INTEREST:	\$0.00
BUSINESS LOCATION	[REDACTED]	PENALTY	\$0.00
		TOTAL:	\$50.00

*Norman S. Foster*  
 DIRECTOR OF FINANCE  
*Romy S. Starn*  
 COLLECTOR OF REVENUE

THIS PERMIT IS NOT TRANSFERABLE



Special Event  
Related



Date	_____
Tracking Number	_____

## SPECIAL EVENT PROMOTER/VENDOR

## SUPPLEMENT A

THIS APPLICATION MUST BE SUBMITTED ALONG WITH THE MASTER SPECIAL EVENT APPLICATION

**Choose your application type**

Promoter (list of vendors must be attached)

Stationary Vendor (verification of participation from promoter must be attached)

### APPLICANT CONTACT INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### BUSINESS INFORMATION

Trade Name \_\_\_\_\_

Tax ID/EIN # \_\_\_\_\_

Legal Name \_\_\_\_\_

Business Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Legal Type of Business**

Sole Proprietor (Individual)

Partnership  LLC  LLP

Corporation  Other

**Tax Status**

For Profit

Not for Profit

### BUSINESS OWNER/OFFICER INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female

Driver's Lic. No. \_\_\_\_\_ License State \_\_\_\_ SSN \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female

Driver's Lic. No. \_\_\_\_\_ License State \_\_\_\_ SSN \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female

Driver's Lic. No. \_\_\_\_\_ License State \_\_\_\_ SSN \_\_\_\_\_ Place of Birth \_\_\_\_\_



Special Event  
Related



Date _____
Tracking Number _____

## SPECIAL EVENT PROMOTER/VENDOR

## SUPPLEMENT A

### DESCRIPTION OF GOODS AND ADVERTISING

Describe the nature, character and quantity of the goods, wares or merchandise to be sold at retail or offered for sale at retail in the city and the value of such goods.

Describe the nature and character of the advertising to be done in order to attract customers.

PROMOTER PERMITS	ALCOHOL PERMITS
<ul style="list-style-type: none"> <li><b>Occupational License (required for all Promoters) \$250.00</b> <ul style="list-style-type: none"> <li><input type="radio"/> and General Promoter Mayoralty Permit \$500.25</li> <li><input type="radio"/> or Sporting Event Promoter Mayoralty Permit \$1,000.25</li> </ul> </li> </ul> <p><b>\$10,000 Performance Bond is required if a for profit promoter will have 3 or more vendors participating</b></p>	<p>Special event alcoholic beverage permits can only be obtained by non-profit organizations or businesses with existing year-round ABO licenses at their brick and mortar locations.</p> <ul style="list-style-type: none"> <li><b>Alcoholic Beverage Processing Fee \$250.00 Plus</b> <ul style="list-style-type: none"> <li><input type="radio"/> Beer Sales \$135.00</li> <li><input type="radio"/> Wine &amp; Liquor sales \$500.00</li> <li><input type="radio"/> Beer, Wine, and Liquor \$635.00</li> </ul> </li> </ul>
VENDOR PERMITS	ENTERTAINMENT/FAIRS/SHOWS
<ul style="list-style-type: none"> <li><b>Stationary/Trade Show Vendor Occupational License \$50.00</b></li> </ul>	<p>An additional license is required for the operation of a circus, carnival, concert, or other special event, including but not limited to gun shows, arts and crafts fairs, and antique shows.</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Temporary Event License \$250.00</b></li> </ul>

### 3 BUSINESS REFERENCES (REQUIRED FOR PROMOTERS ONLY)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### SIGNATURES INDICATE LICENSE/PERMIT APPLIED FOR

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Owner/Officer Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_