



CITY OF SPRINGFIELD
OFFICE OF THE CITY CLERK
FRANK J. LESKO

CODE: LP

MULTIPLE VENDORS EVENT APPLICATION

DATE OF EVENT _____

ADDRESS OF EVENT _____

SPONSOR OF EVENT _____

PERSON IN CHARGE OF EVENT _____

CONTACT AT EVENT _____

PHONE # FOR CONTACT AT EVENT _____

APPLICANT UNDERSTANDS IT MUST MAKE ALL VENDORS AWARE THAT THEY ARE RESPONSIBLE FOR SALES TAX ON ALL SALES PER THE CITY OF SPRINGFIELD SALES TAX ORDINANCE (RE: ARTICLE IX CHAPTER 41 OF THE CODE OF THE CITY OF SPRINGFIELD).

APPLICANT SIGNATURE _____

DATE _____

CITY OF SPRINGFIELD
OFFICE OF THE CITY CLERK
FRANK J. LESKO

MULTIPLE PEDDLERS EVENT APPLICATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EXT _____
AUTHORIZED TO SELL _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EXT _____
AUTHORIZED TO SELL _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EXT _____
AUTHORIZED TO SELL _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
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