



*FOR OFFICE USE ONLY

*Acct. # _____

CITY OF BOWLING GREEN, KENTUCKY

VERIFICATION OF PERMIT EVENT FEE FOR TEMPORARY TRADE SHOWS AND SPECIAL EVENTS

1017 College Street * P. O. Box 1410 * Bowling Green, KY 42102-0430
PH (270) 393-3000 * FAX (270) 393-3636 * E-mail www.bgky.org/license.htm

SUBMIT APPLICATION WITH PAYMENT DUE PRIOR TO EVENT

Event Name: _____

Event Sponsor: _____

Address of Event: _____

Dates of Event: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____ FAX No.: _____

Number of Booths Leased _____ X \$1.00 per day (2 day minimum) = \$ _____

Please complete information below on booth/space rentals or attach a list containing the information.

1. Name of Business or Organization: _____

Contact Person: _____

Mailing Address: _____

Phone Number(s): _____

2. Name of Business or Organization: _____

Contact Person: _____

Mailing Address: _____

Phone Number(s): _____

3. Name of Business or Organization: _____

Contact Person: _____

Mailing Address: _____

Phone Number(s): _____

4. Name of Business or Organization: _____

Contact Person: _____

Mailing Address: _____

Phone Number(s): _____

CITY OF BOWLING GREEN, KENTUCKY VERIFICATION OF PERMIT EVENT FEE (Continued)

5. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

6. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

7. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

8. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

9. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

10. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

11. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

12. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

13. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____

14. Name of Business or Organization: _____
Contact Person: _____
Mailing Address: _____
Phone Number(s): _____