



*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/finance

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): _____

Credit card information is not retained in our files.



THIS INFORMATION IS CONFIDENTIAL & NOT SUBJECT TO OPEN RECORDS

Business Name _____

Please Bill ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Account # _____

Expiration Date: ____ - ____ - ____ Card Verification Code (found on back of card) _____

For the amount of \$ _____

Authorized Signature as it appears on card _____

Print the name and address the Visa, MasterCard, American Express or Discover monthly statement is mailed to:

Name _____ Business name if applicable: _____

Street Address or Post Office Box City State Zip Code

City forms with this page may be faxed to a secure location at 270.393.3636

If mailing this form use address below:

City of Bowling Green

P. O. Box 1410

Bowling Green, KY 42102-1410

Checklist:

1. Have you included a completed credit/debit card remittance form or a check payable to the City of Bowling Green?
2. Have you answered each question fully?
3. Have you signed your application certifying that all information is true and correct?
4. Do you have proper identification if requested at time of application?
5. Have you attached a signed/valid copy of your deed or lease if required?
6. Have all additional required documents been attached?
7. Have you given an accurate description of your product being sold or your service?
8. Have you indicated if your business will have Alcohol Sales or Live Entertainment at your business?