



CITY OF ASHLAND, KENTUCKY  
 TEMPORARY VENDOR LICENSE APPLICATION

A BUSINESS LICENSE MUST BE ISSUED TO YOU BEFORE CONDUCTING ANY BUSINESS INSIDE THE CITY LIMITS.  
 PLEASE COMPLETE ALL QUESTIONS AND RETURN THE APPLICATION ALONG WITH YOUR PAYMENT TO:

CITY OF ASHLAND  
 ATTN: CUSTOMER SERVICE REPRESENTATIVE  
 P.O. BOX 1839  
 ASHLAND, KY 41105-1839

Event \_\_\_\_\_

Event Date \_\_\_\_\_

Length of Event \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant \_\_\_\_\_

Nature of Business \_\_\_\_\_

Do you have any employees? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how many? \_\_\_\_\_

Licenses are \$10 per day up to but not exceeding five (5) days. Vendors who propose to operate beyond 5 days shall be subject to the minimum annual fee of one hundred dollars (\$100), prorated on a quarterly basis for the first year in business. If you have any questions or need any additional information, please give us a call at (606) 385-3ASK or (606)385-3275. You may fax the application to (606) 385-3365.

Signature \_\_\_\_\_

Date \_\_\_\_\_

IF PAYING BY CREDIT CARD, COMPLETE BELOW			
   	PRINTED NAME		EXP DATE
	CARD NUMBER		ZIP CODE
	AMOUNT	SEC CODE	SIGNATURE

FOR INTERNAL USE ONLY

Customer Service Representative \_\_\_\_\_

Date \_\_\_\_\_