



**APPLICATION FOR SPECIAL EVENT LIMITED BUSINESS LICENSE**

**City of Roy** www.cityofroywa.us  
PO Box 700; Roy, WA 98580-0700 (253) 843-1113 Fax (253) 843-0279

Legal Name of Business		
Doing business as (dba)		
Mailing Address of business		
Phone	Alternate Phone	Fax
Email	Contact Name	
Nature of business	Washington State Unified Business Identifier number (UBI)	
What is the special event? (must be recognized by City)	Dates you will operate: (up to 4 consecutive)	
Address or Parcel of property where business will be operated during special event		
Pierce County Health Approval number (if applicable)	Contractor/Professional license number (if applicable)	

*Under penalties of perjury, I declare that I have examined the foregoing and to the best of my knowledge and belief, declare it to be true, complete and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_

**The Special Event Limited Business License fee of \$15.00 must accompany this application, along with the written permission of the owner of the property where the business is to be operated during the special event. You must submit a Business & Occupation Tax Return to the City of Roy for the quarter during which this license is in effect. You must collect sales tax and remit it to the Washington State Department of Revenue, using the rate for the City of Roy (location code 2712).**

<b>OFFICIAL USE ONLY</b>		
Fee received _____	Date _____	License no. issued _____
Issued by _____		