

CHICAGO DEPARTMENT OF Business Affairs and Consumer Protection SPECIAL EVENT PERMIT APPLICATION

POP-UP RETAIL USER APPLICATION

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

THIS FORM MUST BE SUBMITTED 10 CALENDAR DAYS PRIOR TO THE EVENT

FEE: \$ 25.00 PER VENDOR. (Upon approval you will be sent a link to pay for the license online).

An Pop-Up Retail License is issued to any organizer of a short-term trade show, exhibition, event etc. taking place in the City of Chicago where there will be vendors selling merchandise or providing services.

ALDERMAN	WARD)			
EVENT INFORMATION					
Name of Event					
Address of Event (Range if possib	ole)				
Event Start Date		Event End Date	Event End Date		
SPONSORING ORGANIZATION/E	BUSINESS				
Sponsoring Organization/Business Name		Address, City, State 8	Address, City, State & Zip Code		
Department of Business Affairs & Consumer Protection Account Number		Contact Name	Contact Name		
		Phone Number	Phone Number		
If you do not	have a City of Chicago Departmen			umber or	
Total # of Vendors		Email Address	Email Address		
List of Vendors*: Name of Vendor(s)	Address		Item to be Sold	III. Bus. Tax Number*	
*Only vendors who are selling (not ju **If the vendor does not currently ha	ust displaying) items needs to be included. Nave an Illinois Business Tax (IBT) Number the	You may attach a printout of a list ey should contact the <u>Illinois Depar</u>	of the vendors if it is more convenion of the vendors if it is more convenion	ent. 17 to apply.	
I hereby swear that all the infor	mation I have stated above is true.				
Print Name	Date				
Organizer/Owner/Officer Signatu	ure				