EXPOSITION LICENSE APPLICATION

Town of West Yellowstone
Gallatin County, Montana

Exposition:_____
Sponsor Organization: _____
Sponsor Address: _____
Contact Person: _____
Contact Phone: _____ Fax: _____
E-mail Address: _____
Date(s) of Event: _____
Location of Event: _____

Respond to all sections either on the applicable sheets, or attach sheets as needed. A complete application should be submitted a minimum of 4 weeks prior to the event.

A. Exposition detail: Use the attached sheet to describe the expo in detail and any special accommodations you are requesting from the Town.
B. Site Plan: Detail the physical layout of the expo on the attached site plan and return with the application.
C. Vendor List: Provide a list of the names and addresses of all participating vendors 14 days in advance.
D. Fees: Fees are $50 for vendors not already licensed in West Yellowstone or $250 for the entire event.
E. Resort Tax: The sponsor must post a $1500 bond in accordance with Chapter 3.12 of the West Yellowstone Municipal Code (www.codepublishing/MT/WestYellowstone.html). Vendors must collect 3% on all resort tax applicable sales and remit to the Town by the 20th of the month following the month of the event. Most retail sales are subject to resort tax. Please review Chapter 3.12 of the WYMC for further information. The bond will be returned within 90 days of remittance of the resort tax.

Application Fee: $_____ _____
Bond: $ 1500.00 Signature of Applicant

_____
Total Due: $_____ Date

FOR OFFICE USE ONLY

Department	Initials	Date	Comments
Pub Services			
Fire			
Police			
Administration			

Notes/Conditions: _____
_____
_____

Approved Denied _____
Town Clerk

_____
Date

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Exposition Detail

Use this sheet to describe your event in detail including expected sales, type of sales, layout, show tents, canopies, fencing, cars, security, toilets, seating, stage, etc. and any special accommodations you are requesting from the Town. Please also address parking, trash collection and disposal, expected number of participants and spectators, signs, and amplified sound (if applicable).

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Site Plan

Event: _____

Please indicate direction

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Event:_____ **Date(s)**_____

Vendors

Attach additional sheets as necessary.

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO

Vendor Name: _____
Contact Person: _____
Address: _____
_____
Phone: _____
Type of sales: _____
Resort Tax applicable: YES NO