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

Person Completing: _____ _____

Name **Title**

_____ _____

Phone Number **Page #**

<<<<<<<<<<<<<<<<<<<<<<<<<<<<Retail Merchants>>>>>>>>>>>>>>>>>>>>>>>>

Business Name	Business Address	State IBT #

<<<<<<<<<<<<<<<<<<<<<Food And/Or Beverage Merchants>>>>>>>>>>>>>>>>>>>>>

Business Name	Business Address	State IBT #

Please attach additional pages, as necessary.