



City of Easley Group Event License Application

Finance Department
P.O. Box 466 Easley, SC 29641
864-855-7900

Name of Event

) _____ (_____
Name of Sponsor, Promoter, or Producers Phone

Address City State
Zip

Tax ID or Social Security Date of Event Location of Event

Special Purpose of Event

List below ALL participants. (If additional space is needed, attach a list to this application.)

Number of Exhibitors \$ _____ Estimated Gross Receipts \$ _____ License Fee

I certify that all statements on this application are true and accurate to the best of my knowledge.

Signature of Sponsor, Promoter, or Producer Date

FOR OFFICE USE ONLY

License #

Expiration Date

Authorized