



# LAKE HAVASU CITY TEMPORARY SPECIAL EVENT LICENSE

[www.lhcaz.gov](http://www.lhcaz.gov)

EVENT NAME _____		EVENT DATE(S) _____	
BUSINESS NAME / DBA _____			
MAILING ADDRESS _____			
BUSINESS TELEPHONE _____		EMAIL ADDRESS _____	
AZ RESALE TPT ID # _____		FEDERAL TAX ID _____	
<b>TYPE OF OWNERSHIP (CHECK ONE):</b> <input type="checkbox"/> Association <input type="checkbox"/> Government <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Professional/Limited Liability <input type="checkbox"/> Corporation: _____			
		NAME OF CORPORATION	STATE OF INCORPORATION
DATE OF INCORPORATION _____			
DESCRIBE BUSINESS IN DETAIL: _____			
PRINCIPAL / OWNER NAME _____		Title _____	Phone _____
Home Address _____		City / State _____	Zip _____
		Driver's License # _____	State _____
PRINCIPAL / OWNER NAME _____		Title _____	Phone _____
Home Address _____		City / State _____	Zip _____
		Driver's License # _____	State _____
APPLICANT SIGNATURE _____		DATE _____	
FOR ADMIN SVCS DEPT USE ONLY: DATE PAID _____ LICENSE # _____ EXPIRES _____			
FIN-7 (4/2026)		CITY CODE CHAPTER 5.04 BUSINESS LICENSE	