

VILLAGE OF STICKNEY
SPECIAL EVENT
APPLICATION FOR CONCESSION
(Non-Food / Non-Beverage)

PLEASE PRINT

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

TYPE OF PRODUCT(S) _____

NAME OF EVENT _____

LOCATION OF EVENT _____

DATE(S) OF EVENT _____

TOTAL NUMBER OF PERSONNEL _____

SOCIAL SECURITY NUMBER _____

DATE _____

SIGNATURE OF APPLICANT _____