

STP

**OKLAHOMA TAX COMMISSION - TAXPAYER ASSISTANCE DIVISION  
SPECIAL EVENTS  
POST OFFICE BOX 269057  
OKLAHOMA CITY, OK 73126-9057**

**SPECIAL EVENT PROMOTER/ORGANIZER BUSINESS APPLICATION**

**Application must be submitted 20 days before the beginning of the special event.**

<p><b>\$50.00</b> This fee must accompany this application</p>
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**1. Ownership:**

<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Oklahoma Corporation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Foreign Corporation State _____	_____

**2. Applicant Information:**

Legal Name		Federal Employer Identification Number	
Mailing Address		Social Security Number	
City	State	County	ZIP Code
Daytime Phone Number	Evening Phone Number	Fax Number	Contact Person

**3. Business Identification:**

Trade Name/DBA		E-Mail Address	
Physical Location		Daytime Phone Number	
City	State	County	ZIP Code

**4. Name(s) of Partner(s), Corporate Officer(s) and Member(s) Responsible for Reporting and Remitting Taxes: (must provide social security numbers)**

Name of Partner/Corporate Officer/Member	Title	Social Security Number
Mailing Address		
City	State	ZIP Code
Name of Partner/Corporate Officer/Member	Title	Social Security Number
Mailing Address		
City	State	ZIP Code
Name of Partner/Corporate Officer/Member	Title	Social Security Number
Mailing Address		
City	State	ZIP Code

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## 5. Special Event Information

<b>Event #1 - Name and Physical Location of the Event(Street, City, ZIP)</b>			
Physical Location of the Event City: _____ County: _____ State: _____ Zip: _____			Is this event inside the city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Number of Vendors (attach vendor list, if available)	Number of Vendors with Oklahoma Sales Tax Permits	Number of Vendors without Oklahoma Sales Tax Permits	
Date event will start _____ and end _____.		Contact Name and Phone Number	

<b>Event #2 - Name and Physical Location of the Event(Street, City, ZIP)</b>			
Physical Location of the Event City: _____ County: _____ State: _____ Zip: _____			Is this event inside the city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Number of Vendors (attach vendor list, if available)	Number of Vendors with Oklahoma Sales Tax Permits	Number of Vendors without Oklahoma Sales Tax Permits	
Date event will start _____ and end _____.		Contact Name and Phone Number	

<b>Event #3 - Name and Physical Location of the Event(Street, City, ZIP)</b>			
Physical Location of the Event City: _____ County: _____ State: _____ Zip: _____			Is this event inside the city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Number of Vendors (attach vendor list, if available)	Number of Vendors with Oklahoma Sales Tax Permits	Number of Vendors without Oklahoma Sales Tax Permits	
Date event will start _____ and end _____.		Contact Name and Phone Number	

<b>Event #4 - Name and Physical Location of the Event(Street, City, ZIP)</b>			
Physical Location of the Event City: _____ County: _____ State: _____ Zip: _____			Is this event inside the city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Number of Vendors (attach vendor list, if available)	Number of Vendors with Oklahoma Sales Tax Permits	Number of Vendors without Oklahoma Sales Tax Permits	
Date event will start _____ and end _____.		Contact Name and Phone Number	

**6. A Sole Owner, General Partner, Corporate Officer, Member or Authorized Representative must sign this application.**

I, the undersigned applicant or authorized representative, or if a corporation, a responsible corporate officer, for reporting and remitting taxes, declare under the penalties of perjury that I have examined this application and attachments and to the best of my knowledge the facts set forth are true and correct, and that the requirements hereunder will be carried out in accordance with the laws of the State of Oklahoma and the rules and regulations of the Oklahoma Tax Commission. I further acknowledge and agree that sales taxes are trust funds for the State of Oklahoma and that any use of these trust funds other than timely remittance to the State of Oklahoma is embezzlement and can result in criminal prosecution.

\_\_\_\_\_ Sign Here      \_\_\_\_\_  
 Type or print name and title      Signature      Date

Mandatory inclusion of social security and/or federal employer's identification numbers is required on forms filed with the Oklahoma Tax Commission pursuant to Title 68 of the Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the Oklahoma Tax Commission. The Oklahoma Tax Commission is not required to give actual notice of changes in any state tax law.