



City of Rockaway Beach
Po Box 855
Rockaway Beach, MO 65672
www.rockawaybeach-mo.org
Firelady1965@gmail.com
417-593-9403

4th of July Application

1. Customer

First Name _____ Middle Initial ____ Last Name _____
Street Address _____
City _____ State ____ Zip _____
Home Phone _____ - _____ - _____
Driver's License Number _____ State _____
Email Address _____

2. Business Information

Name Craft/Business _____
Description of items _____
This application must be accompanied by the City of Rockaway Beach Vendor License Application.
Business Tax ID _____ (Skip to line 3 if you do not have a Tax ID) _
Insurance Policy # _____
City _____ State ____ Zip _____

3. Vendor or Food Wagon

- Vendor 10x10 Booth - \$35.00
 Vendor Food Wagon - \$75.00 Total \$ _____
➤ Attach check for amount to: City of Rockaway Beach Events Committee.

Signature _____ Date _____ Approved Intials _____



**Vendor Business License Application
City of Rockaway Beach**

Date of Application _____

Business Name: _____

Business or Home Phone: _____ Cell Phone: _____

Missouri State Sales Tax License # _____ (Please attach Copy of License
If you have a business License)

Mailing Address
of Business: _____

City: _____ State: _____ Zip: _____

911 Address: _____

Email Address: _____

Owners:

Name _____ Driver's License- _____

Name _____ Driver's License - _____

Type of Business: _____

Type of Event(s): _____

Vendor's Fees

Choose One:

- \$5.00 License for one event
- \$25.00 License for one year

Choose One:

- Electric Use Fee 110 Service \$15.00 per event
- Electric Use Fee 220 Service \$25.00 per event
- No Electric Needed

Total City of Rockaway Fees	
License Fee	+ \$ _____
Electric Fee	+ \$ _____
Total of Fees \$ _____	

Vendor Signature

Date

City of Rockaway Beach Representative

Date

Approval _____