



**APPLICATION FOR: (Vendors) BUSINESS LICENSE
GATEWAY INTERNATIONAL RACEWAY**

Date: _____

Name of Business: _____

Address of Business: _____

Business Phone #: _____ Tax I.D.#: _____

Owner's Name: _____ Owners Phone #: _____

Owner's Address: _____

Drivers License #: _____ Social Security #: _____

Date of Birth: _____ U.S. Citizen: _____ Criminal Record: _____

If "Yes" Explain: _____

State the exact nature of business to be conducted: _____

List of merchandise that will be sold: _____

List of races at Gateway International you will be set up for: _____

Is your business now, or has it ever been licensed or registered through any other governmental authority or taxing body? _____

Have you ever been refused a business license? _____

When: _____ Where: _____

Reason: _____

List two references (No Relatives):

Name	Address	Phone
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_____	_____	_____
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_____	_____	_____
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Applicant: _____