



**DELTA SIGMA THETA SORORITY, INC.  
MONTGOMERY (AL) ALUMNAE CHAPTER  
3<sup>rd</sup> Annual Community Health & Resource Fair**

**Saturday, March 28, 2020  
Multiplex at Cramton Bowl  
220 Hall Street  
Montgomery, AL 36104**

**VENDOR REGISTRATION FORM**  
**(Please Print Legibly or Type)**

**Fee: \$55:00 for a single booth; \$110 for a double booth**

**Note: Licensed Businesses ONLY**

**Setup: Saturday, March 28, 7:00 a.m. – 9:30 a.m.**

**Event: Saturday, March 28, 10:00 a.m. – 2:00 p.m.**

Please complete the registration information below and mail it along with a certified check or money order made payable to: Montgomery (AL) Alumnae Chapter postmarked no later than **Friday, March 6**. Please provide a copy of your business license with the application, and donate an item for door prizes. If you have any questions, please send an email to [macdstecodevcom@gmail.com](mailto:macdstecodevcom@gmail.com).

**Mail to: Delta Sigma Theta Sorority, Inc.  
Montgomery (AL) Alumnae Chapter  
Attn: Economic Development Committee  
P. O. Box 5144  
Montgomery, AL 36103**

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**Vendor Information**

Vendor/Company \_\_\_\_\_

Owner(s): \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Type of Merchandise to be sold: \_\_\_\_\_

*Space is Limited*

**APPLICATION FOR CITY OF MONTGOMERY  
BUSINESS LICENSE  
TRANSIENT MERCHANT**

**\*\*\*If you already have a current City business license, this application is not required\*\*\***

**Date:** \_\_\_\_\_

<b>Trade Name of Business:</b>	_____
<b>Owner's Name:</b>	_____
<b>Mailing Address:</b>	_____ _____ _____
<b>Name of Event:</b>	_____
<b>Address of Event:</b>	_____
<b>Date(s) of Event:</b>	_____
<b>Telephone Number:</b>	( _____ ) _____
<b>E-Mail Address:</b>	_____

TRANSIENT MERCHANT LICENSE	\$40.00
ISSUANCE FEE	\$12.00
<b>TOTAL AMOUNT</b>	<b>\$52.00</b>

**\*\*\*Transient Merchant license fee is only for the time of the event\*\*\***

**Application must be returned at least one week prior to the date of the event to insure sufficient processing time.**

**Return this application and your check (payable to City of Montgomery) to:  
City of Montgomery  
Revenue Division  
P O Box 1111  
Montgomery AL 36101-1111**

**For assistance, please call the Revenue Division at 334-625-2036.**

**Business licenses will be checked on site. Non-compliance will prohibit a merchant from returning for future events in the City of Montgomery.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Dept of Finance, License Division**

City of Montgomery  
Sales / Use Tax  
P.O. Box 1111  
Montgomery, Ala. 36101-1111

**City of Montgomery**

**3 1/2% SALES TAX MUST BE COLLECTED ON ALL RETAIL SALES**

To: Finance Department  
Revenue and License Div.  
P.O. Box 1111  
City of Montgomery, AL 36101-1111

Date: \_\_\_\_\_  
Space: \_\_\_\_\_  
Number: \_\_\_\_\_

Name of Seller: \_\_\_\_\_  
City and State: \_\_\_\_\_  
City Acct. No. #: \_\_\_\_\_

\*If no City Tax Number - Complete The Following:  
Amount of Retail Sales: \$ \_\_\_\_\_  
City Tax Due: \_\_\_\_\_

Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
(Civic Center, Coliseum, etc.)

*City*  
3.5% of Amount  
of Retail Sales