

CITY OF SHELBYVILLE, KENTUCKY
P.O. Box 1289
315 Washington Street
Shelbyville, KY 40066-3289

SPECIAL EVENTS LICENSE

***Fee is \$25 (per event) for events such as but not limited to Festivals
or Craft Shows, those who do not already hold a City Business License***

Business Name: _____

Owner or Contact Name: _____

Contact Number: _____

Email Address: _____

Event Location: _____

Date of Event: _____

Mailing Address: _____

**Please mail or deliver this form along with payment to the above address.
An approved, signed copy of this permit must be displayed at booth. Please notate if you would
like a copy emailed or enclose a prepaid self-addressed envelope if you wish to receive by mail.**

Approved By: _____

Date Approved: _____