



Special Event Application Fee Revenue Transmittal

Event Holder to complete and return with payment before applications will be reviewed.

Event & Date: _____

Event Holder's First & Last Name: _____

Organization/Business Address: _____

Email: _____ Phone: _____

Today's Date: _____ **Fee Due \$50.00**

Payment Option 1: If mailing payment, address checks to: City of Venice

Mail form with payment to:

City of Venice Cashier's Office
401 W. Venice Ave.
Venice, FL 34285

Payment Option 2: Pay in person using cash, check, or credit/debit card at:

City of Venice Cashier's Office
401 W. Venice Ave.
Venice, FL 34285

Cashier's Office Use Only

Account Number: 001-0000-349.00-00

Payment Type: _____ Cash _____ Check No. _____ Credit/Debit (no added fees)

Date Received: _____

_____ Email Interim Special Events/Marketing Coordinator Brianne Lorenz at specialevents@venicefl.gov when payment has processed. Initial when sent.