



CITY OF MENIFEE

29714 Haun Road, Meniffee, CA 92586 - (951) 672-6777

SPECIAL EVENT VENDOR LICENSE

Please Check Applicable

New Application

County Agency

State Agency

Youth Organization

Civic Group

Non Profit 501 C 3

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS AS A EVENT VENDOR IN THE CITY OF MENIFEE (PLEASE PRINT OR TYPE)

Business Name _____		Business License No. _____	
Corporate Name (if applicable) _____		Event Date _____	
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>		Resale # _____	
_____		Sublet BOE# _____	
Mailing Address _____		Federal ID # _____	
_____		State ID # _____	
Phone No. _____ Fax No. _____		State License _____	
Description of Business _____		State License Type _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		Expire Date _____	
_____		Website Address _____	

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Date of Birth _____
Home Address <small>(Cannot be P.O. Box)</small>	_____	Driver Lic. No. _____
_____	_____	Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager No. _____	Email Address _____
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address <small>(Cannot be P.O. Box)</small>	_____	Driver Lic. No. _____
_____	_____	Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager No. _____	Email Address _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

Sponsoring Organization of Special Event (please list organization responsible for event)

Organization Name _____	Meniffee License No. _____
Address of Organization _____	Phone No. _____

Sponsoring Agency Contact & Address of Special Event (if at park please list park name or major cross streets)

Contact Name _____	Phone No. _____
Address/Date Of Event _____	Cell No. _____

Event Start Date	<input type="text"/>
Event End Date	<input type="text"/>

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE. ALL MENIFEE BUSINESSES MUST BE LICENSED ANNUALLY.

Thank you for doing business in the City of Meniffee

FOR OFFICIAL USE ONLY

Date	Basic Fee	\$5.00
<input type="checkbox"/> Credit Card	Other Fee	
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Penalty Fee	
	State CASp Fee	\$ 4.00
	Total Due	\$9.00

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx, The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT. HOME OCCUPATION ONLY: ALL CRITERIA OUTLINE IN ORDINANCE HAVE BEEN MET.

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF MENIFEE.