



Administrative Services- Licensing
 130 South Main Street
 Lake Elsinore, CA 92530
 PH 951.674.3124 x 302
 FAX 951.471.0052

OFFICE USE ONLY
BUSINESS LICENSE NO:
BUSINESS NO:
BUSINESS ID:

BUSINESS LICENSE APPLICATION
 One Day Vendor Only

BUSINESS NAME:	BUSINESS PHONE:	
EVENT ADDRESS:	EVENT DATE:	
CITY:	STATE:	ZIP:
EVENT DESCRIPTION:		

MAILING ADDRESS

ADDRESS			
CITY	STATE	ZIP:	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST
<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> CORP - LTD LIABILITY	<input type="checkbox"/> OTHER	

BUSINESS INFORMATION

FEDERAL TAX ID:	OR EIN#	SELLERS PERMIT #
PLEASE ATTACH COPIES OF THE FOLLOWING IF APPLICABLE:		
<input type="checkbox"/> FICTITIOUS NAME STATEMENT	<input type="checkbox"/> SELLERS PERMIT/RESALE NUMBER	<input type="checkbox"/> HEALTH PERMIT

OWNER INFORMATION-CONFIDENTIAL

OWNER/OFFICER NAME:	PHONE NUMBER:	
ADDRESS:		
CITY	STATE	ZIP
EMAIL ADDRESS:		

LICENSE FEE SCHEDULE*	
One Day Only License	
License fee*	<u>\$10.00</u>
State CASp fee	<u>\$4.00</u>
Total Due	<u>\$14.00</u>

I declare under penalty of perjury that the statements made in this application are true. I acknowledge and understand that the Business License Certificate issued by the City of Lake Elsinore is a receipt evidencing that I have paid the City of Lake Elsinore Business License Tax imposed under Section 5.08 of the Lake Elsinore Municipal Code for the period indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws.

Applicant Signature/Date _____

License Approval /Date _____