CITY OF LONG BEACH
BUSINESS LICENSE SECTION
333 W. OCEAN BLVD, 4TH FLOOR
LONG BEACH, CA 90802
(562) 570-6211

SPECIAL EVENT VENDOR APPLICATION

NAME OF EVENT:_____

DATE (S) OF EVENT:_____

ADDRESS OF EVENT:_____

TYPE OF PRODUCT:_____

NAME OF APPLICANT:_____

BUSINESS NAME:_____

ADDRESS OF APPLICANT:_____

TELEPHONE NUMBER OF APPLICANT:_____

SOCIAL SECURITY / FEDERAL TAX ID#:_____

DRIVER'S LICENSE / IDENTIFICATION#:_____

SELLERS PERMIT#:_____

CALCULATE FEES AS FOLLOWS:

NUMBER OF: _____ **X** _____ **@** ***$44.40*** **=** **$**_____

BOOTH(S) | # SELLING DAYS | FEE AMOUNT | TOTAL DUE

X_____

SIGNATURE **DATE**

Make checks payable to..... CITY OF LONG BEACH

OFFICE USE ONLY

ACCOUNT NUMBER: _____

ACCEPTED BY: _____ DATE: _____