

VENDOR PERMIT APPLICATION

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX (909) 334-3727
 MAILING ADDRESS: P O BOX 667 CHINO, CA 91708-0667

CITY OF CHINO
 FINANCE
 DEPARTMENT

BUSINESS INFORMATION

Company Name: _____
 Address: _____
 Mailing Address: _____
 Phone: _____ FAX: _____ Emergency Phone (After hours): _____ Contact Person: _____
 Email Address: _____ Website Address: _____

OWNER/OFFICER INFORMATION

Name:	Title:	Name:	Title:
Drivers Lic. #	Social Sec. #	Drivers Lic. #	Social Sec. #

IS THIS A CORPORATION PARTNERSHIP LLC SOLE OWNERSHIP (please check one)

CORPORATE INFORMATION (Please complete this section if you are a corporation, or if your corporate offices are located elsewhere).

Corporate name: _____ Federal Employer's ID# _____ State ID# _____
 Address: _____
 Phone: _____ FAX: _____

NAME OF EVENT: _____
 EVENT LOCATION: _____
 DATES OF EVENT: _____
 STATE BOARD OF EQUALIZATION PERMIT #: _____

PLEASE DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL _____

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and ability. I acknowledge that applying for a business license does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required from city departments must be obtained before any business activity will be allowed.

Signature: _____ Print Name: _____ Date: _____