



CITY OF RIALTO
150 South Palm Avenue • Rialto, CA 92376
•(909) 820-2302•

SPECIAL EVENTS VENDOR APPLICATION

Payment Due:
Expiration Date:

Your Business Tax is now due and payable. To avoid penalty fees, submit payment before expiration date. **OFFICIAL USE ONLY**

Business Name _____
Business Location _____
City _____ State _____ Zip _____
Mailing Address _____
City _____ State _____ Zip _____
Bus Phone () _____ Bus Fax () _____
E-Mail Address _____

BUSINESS LICENSE NO _____
LICENSE FEE \$ _____
TOTAL AMT PAID \$ _____
DATE PAID _____
CASH/ CHECK/ MONEY ORDER
RECEIPT NO _____
CODE _____

Start Date _____	Description of Business _____
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Ownership: Corporation Ltd Liab Corp Partnership Sole Proprietor Trust
State Lic. No. _____ Lic. Type _____ Expiration Date _____
Resale No. _____ Federal I.D. No. _____ State I.D. No. _____

This section must be completed for each owner, partner, corporation officer and local manager.

Owner Name _____ Title _____ Phone () _____
Home Address _____ Cell Phone() _____
City _____ State _____ Zip _____
Social Security No. _____ Drivers License No. _____

Owner Name _____ Title _____ Phone () _____
Home Address _____ Cell Phone() _____
City _____ State _____ Zip _____
Social Security No. _____ Drivers License No. _____

In Case of Emergency Please Contact:

Name _____ Title _____ Phone () _____
Address _____ Cell Phone () _____

This Permit is for Special Events ONLY. It does not sanction any act not otherwise permitted. In addition to this permit, Vendors must obtain authorization from the Sponsoring Agency. Applicant is responsible for obtaining State of California Sales Tax Number, if necessary, and to provide such number to the City of Rialto.

Location of Event: _____

If you closed your business prior to the expiration date, please enter closing date and sign: Date: _____ Signature: _____

PLEASE CALCULATE AMOUNT DUE BY ENTERING INFORMATION IN BOXES BELOW AND SIGN

Weekly Rate: \$5.00
Annual Rate: \$79.00
Amount of License Tax _____
TOTAL AMOUNT DUE **\$5**

*Thank you for doing business
In the City of Rialto!*

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief and that I have read this notice at Rialto, California.

Date: _____ Signature of Owner or Representative: _____