

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: _____