

# 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: \_\_\_\_\_