

# VENDOR PERMIT APPLICATION

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX (909) 334-3727  
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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. # \_\_\_\_\_

Type of ownership (select one):

**SOLE OWNER**

**PARTNERSHIP**

**CORPORATION**

**LLC**

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

SALES TAX PERMIT #: \_\_\_\_\_

COUNTY OF SAN BERNARDINO HEALTH PERMIT #: \_\_\_\_\_

NON-PROFIT # (IF APPLICABLE): \_\_\_\_\_

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: \_\_\_\_\_