



CITY OF LONG BEACH
BUSINESS LICENSE SECTION
333 W. OCEAN BLVD, 4TH FLOOR
LONG BEACH, CA 90802
(562) 570-6211 (562) 499-1097 fax
LBBIZ@longbeach.gov

SPECIAL EVENT VENDOR APPLICATION

NAME OF EVENT: _____

DATE (S) OF EVENT: _____

ADDRESS OF EVENT: _____

TYPE OF PRODUCT: _____

NAME OF APPLICANT: _____

BUSINESS NAME: _____

ADDRESS OF
APPLICANT: _____

TELEPHONE NUMBER OF APPLICANT: _____

SOCIAL SECURITY / FEDERAL TAX ID#: _____

DRIVER'S LICENSE / IDENTIFICATION#: _____

SELLERS PERMIT#: _____

CALCULATE FEES AS FOLLOWS:

NUMBER OF: _____	X	_____	@	<u>\$50.37</u>	=	\$ _____
BOOTH(S)		# SELLING DAYS		FEE AMOUNT		TOTAL DUE

x _____
SIGNATURE **DATE**

Make checks payable to..... CITY OF LONG BEACH
.....

OFFICE USE ONLY

ACCOUNT NUMBER: _____

ACCEPTED BY: _____ DATE: _____