



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

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:

$$\begin{matrix} \text{NUMBER OF:} & \text{_____} & \times & \text{_____} & @ & \text{\$47.67} & = & \text{\$} & \text{_____} \\ & \text{BOOTH(S)} & & \text{\# SELLING} & & \text{FEE} & & & \text{TOTAL DUE} \\ & & & \text{DAYS} & & \text{AMOUNT} & & & \end{matrix}$$

x _____
SIGNATURE **DATE**

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

.....

OFFICE USE ONLY

ACCOUNT NUMBER: _____

ACCEPTED BY: _____ DATE: _____