

## **DEPARTMENT OF FINANCIAL MANAGEMENT**

BUSINESS LICENSE DIVISION 411 W. OCEAN BLVD, 2nd FLOOR LONG BEACH, CA 90802 (562) 570-6211 | Fax (562) 499-1097 lbbiz@longbeach.gov

## **SPECIAL EVENT VENDOR APPLICATION**

Please submit this application at least five (5) business days prior to the event.

INAME OF EVENT.							_
DATE(S) OF EVENT	·:						_
ADDRESS OF EVEN	NT:						_
TYPE OF PRODUC	Т:						_
NAME OF APPLICA	ANT:						_
BUSINESS NAME:							_
APPLICANT ADDR	ESS:						_
APPLICANT TELEP	HONE NUMBER: _						
APPLICANT E-MAI	L ADDRESS:						_
SOCIAL SECURITY	/ FEDERAL TAX ID	) #:					_
DRIVER'S LICENSE	/ IDENTIFICATION	N #:					_
SELLERS PERMIT #	<u> </u>						
CALCULATE FEES	AS FOLLOWS:						
NUMBER OF:		_ x		_ @			
	BOOTH(S)		# SELLING DAYS			TOTAL BOOTH FEES	
Х							
SIGNATURE			DATE				
fee will be collect \$31.00 non-comp	ted from the ver liance fee per u t number found	ndor at n-pern on yo	t the event. In nitted vendor. ur bill or conta	addit To pa act Bus	ion, the prom ay online or o siness License	\$34.00 field collection oter will be charged ver the phone, pleas at (562) 570-6211. E	a se
			OFFICE USE ON		• • • • • • • • • • • • • • • • • • • •		••
ACCOUNT #:		ACCEF	PTED BY:		D/	ATE:	