

CITY OF LAKE ELSINORE

TWENTY18 PET WALK

SATURDAY, MAY 12, 2018

DIAMOND STADIUM LEVEE, 500 DIAMOND DRIVE

EVENT TIME: 9:00 AM TO 11:00 AM

VENDOR DEADLINE: MARCH 21, 2018

APPLICANT INFORMATION

APPLICANT NAME: _____ BUSINESS NAME: _____
PHONE: _____ EMAIL: _____
ADDRESS: _____ CITY/ZIP CODE: _____

BOOTH INFORMATION

CHECK IN TIME: 7:45 AM PARKING LOT B AT DIAMOND STADIUM

AT YOUR ASSIGNED SPACE, YOU MUST PROVIDE YOUR OWN AWNING TABLE, CHAIRS, AND EQUIPMENT NEEDED FOR AN APPROX. 10X10 BOOTH AREA. POWER IS UNAVAILABLE AT THIS SITE.

PAYMENT INFORMATION

MAIL IN OR HAND DELIVER TO: CITY OF LAKE ELSINORE/SALLY STUCKEY
130 S MAIN STREET
LAKE ELSINORE, CA 92530
8:00 AM TO 4:00 PM (MONDAY THRU FRIDAY)

- \$15 MERCHANDISE _____
- \$5 NON/PROFIT, DESCRIBE _____
- \$14 ONE DAY BUSINESS LICENSE FEE

* ALL VENDORS SELLING ITEMS MUST HAVE A VALID CITY OF LAKE ELSINORE BUSINESS LICENSE (SEE ATTACHED FORM)

NO CASH ON MAIL IN, MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE CITY OF LAKE ELSINORE. VENDOR AND BUSINESS LICENSE FEE CAN BE ADDED TO ONE PAYMENT.

ALL BOOTHS MUST PROVIDE A RAFFLE GIFT DONATION OF APPROX. \$20 VALUE

LIABILITY WAIVER

· "I UNDERSTAND THAT THE CITY OF LAKE ELSINORE DOES NOT CARRY INSURANCE TO COVER PARTICIPANTS OR SPECTATORS OF SPONSORED ACTIVITIES. I HEREBY ASSUME THE RISK OF ANY INJURIES THAT MAY BE SUBSTAINED IN THE PURSUIT OF COMMUNITY SERVICES ACTIVITIES, AND FOREVER DISCHARGE THE CITY OF LAKE ELSINORE, IT'S OFFICERS, AGENTS AND EMPLOYEES FROM ANY ACTIONS, SUITS, DAMAGES, CLAIMS OR JUDGEMENTS THAT MAY RESULT FROM ANY PROPERTY DAMAGE OR PERSONAL DAMAGE OR PERSONAL INJURIES THAT I SUSTAIN WHILE USING EQUIPMENT OWNED OR IN THE POSSESSION OF THE CITY OF LAKE ELSINORE, IT'S OFFICERS, AGENTS, EMPLOYEES FROM ANY AND ALL LOSS, DAMAGES, LIABILITY, COST OR EXPENSE, ARISING OUT OF ANY ACTS OR OMISSIONS OF THE CITY OR IT'S OFFICERS, AGENTS OR EMPLOYEES."

· "I HAVE READ THE ABOVE WAIVER/RELEASE AND UNDERSTAND IT. THIS EVENT MAY CANCEL RAIN."

NAME (PRINT): _____

DATE: _____

SIGNATURE: _____



Administrative Services- Licensing
 130 South Main Street
 Lake Elsinore, CA 92530
 PH 951.674.3124 x 302
 FAX 951.471.0052

OFFICE USE ONLY	
BUSINESS LICENSE NO:	
BUSINESS NO:	
BUSINESS ID:	

BUSINESS LICENSE APPLICATION
 One Day Vendor Only

BUSINESS NAME:	BUSINESS PHONE:	
EVENT ADDRESS:	EVENT DATE:	
CITY:	STATE:	ZIP:
EVENT DESCRIPTION:		

MAILING ADDRESS

ADDRESS			
CITY	STATE	ZIP:	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST
<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> CORP - LTD LIABILITY	<input type="checkbox"/> OTHER	

BUSINESS INFORMATION

FEDERAL TAX ID:	OR EIN#	SELLERS PERMIT #
PLEASE ATTACH COPIES OF THE FOLLOWING IF APPLICABLE:		
<input type="checkbox"/> FICTITIOUS NAME STATEMENT	<input type="checkbox"/> SELLERS PERMIT/RESALE NUMBER	<input type="checkbox"/> HEALTH PERMIT

OWNER INFORMATION-CONFIDENTIAL

OWNER/OFFICER NAME:	PHONE NUMBER:	
ADDRESS:		
CITY	STATE	ZIP
EMAIL ADDRESS:		

LICENSE FEE SCHEDULE*	
One Day Only License	
License fee*	<u>\$10.00</u>
State CASp fee	<u>\$4.00</u>
Total Due	<u>\$14.00</u>

I declare under penalty of perjury that the statements made in this application are true. I acknowledge and understand that the Business License Certificate issued by the City of Lake Elsinore is a receipt evidencing that I have paid the City of Lake Elsinore Business License Tax imposed under Section 5.08 of the Lake Elsinore Municipal Code for the period indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws.

Applicant Signature/Date _____

License Approval /Date _____