



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

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 \_\_\_\_\_