



# City of Avenal

919 Skyline Blvd.  
Avenal, CA 93204  
Phone (559) 386-5766

## APPLICATION FOR BUSINESS PERMIT ONE DAY/SPECIAL EVENT CONCESSION (Maximum of 3 Days)

NAME OF EVENT: \_\_\_\_\_ DATE(S) OF EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

1. NAME OF ORGANIZATION/BUSINESS: \_\_\_\_\_

2. ADDRESS OF ORGANIZATION/BUSINESS: \_\_\_\_\_

3. TYPE OF BUSINESS: \_\_\_\_\_

4. NAME OF APPLICANT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

5. DRIVER'S LICENSE #: \_\_\_\_\_ SSN #: \_\_\_\_\_

6. E-MAIL: \_\_\_\_\_

7. FEDERAL ID# \_\_\_\_\_  
(PLEASE PROVIDE COPY)

8. STATE BOARD OF EQUALIZATION I.D.#: \_\_\_\_\_

9. VALID CERTIFICATE FROM KINGS COUNTY HEALTH DEPT IF REQUIRED?

YES  NO DATE OF CERTIFICATION \_\_\_\_\_ (PLEASE PROVIDE COPY)

LEGAL STATUS:  Sole Proprietorship  
 Partnership  
 Corporation

10. TO DETERMINE THE CORRECT LICENSE FEE, USE THE TABLE BELOW:

- Event Concessions, Daily \$10.00 x \_\_\_\_ days
- Exempt Status – Non-Profit (*Proof of Status is Required*)

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**I DECLARE, UNDER PENALTY OR PERGURY THAT THE INFORMATION PROVIDED IN THIS  
BUSINESS LICENSE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

.....  
(FOR OFFICE USE ONLY)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business License Dept.