



City of Avenal

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

Fax (559) 386

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. FEDERAL ID# _____

(PLEASE PROVIDE COPY)

7. STATE BOARD OF EQUALIZATION I.D.#: _____

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

YES NO DATE OF CERTIFICATION _____ (PLEASE PROVIDE COPY)

LEGAL STATUS: Sole Proprietorship

Partnership

Corporation

9. 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*)

**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)



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Date

Business License Dept.