



CITY OF SEAL BEACH
BUSINESS LICENSE SECTION
211 EIGHTH STREET
SEAL BEACH, CA 90740
(562) 431-2527 EXT 1314 Fax (562) 493-9857
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SPECIAL EVENT VENDOR APPLICATION

NAME OF EVENT: _____

DATE (S) OF EVENT: _____

ADDRESS OF EVENT: _____

TYPE OF PRODUCT: _____

NAME OF APPLICANT: _____

BUSINESS NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NUMBER: _____

APPLICANT E-MAIL ADDRESS: _____

SOCIAL SECURITY / FEDERAL TAX ID#: _____

DRIVER'S LICENSE / IDENTIFICATION#: _____

SELLERS PERMIT# (If applicable): _____

FEES AS FOLLOWS:

BUSINESS LICENCE TAX IS \$15 PER DAY

NUMBER OF: _____ X _____ \$15.00 = \$ _____
OF FEE TOTAL DUE
DAYS AMOUNT

X

SIGNATURE

DATE

OFFICE USE ONLY

ACCOUNT #: _____ ACCEPTED BY: _____ DATE: _____