



SPECIAL EVENT

City of Monterey

APPLICATION FOR TEMPORARY LICENSE TO DO BUSINESS

Please complete form with indelible ink

COPIES, FAX, E-MAIL NOT ACCEPTED
Mail original form and payment to:

City of Monterey
Revenue Division
735 Pacific St. Ste A
Monterey, CA 93940
(831)646-3944

BUSINESS LOCATION AND OWNER(S) INFORMATION

BUSINESS NAME						(AREA CODE) PHONE	
BUSINESS LOCATION (NO P.O. BOX)	STREET & ADDRESS	STE/APT #	CITY	STATE	ZIP CODE		
MAILING ADDRESS (IF DIFFERENT)							
APPLICATION IS FOR A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC/CORPORATION (IF CORPORATION, GIVE LEGAL NAME OF CORPORATION BELOW)							
NAME (Sole proprietor, Partner 1, or Corporation)		TITLE	ADDRESS			(AREA CODE) PHONE	
NAME (Partner 2)		TITLE	ADDRESS			(AREA CODE) PHONE	
EMAIL ADDRESS							

BUSINESS INFORMATION

NAME OF EVENT/FESTIVAL		DESCRIPTION OF BUSINESS ACTIVITY					
TODAY'S DATE	START DATE OF EVENT/FESTIVAL	END DATE OF EVENT/FESTIVAL	STATE LICENSE NUMBER (IF APPLICABLE)	TYPE OF STATE LICENSE (IF APPLICABLE)			
TYPE OF BUSINESS	<input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT	<input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> MANUFACTURING <input type="checkbox"/> OTHER (specify) _____	RESALE PERMIT NUMBER			
WILL YOU USE ANY CHEMICALS OR FLAMMABLE MATERIALS?			<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF WAREHOUSE FACILITY OR STORAGE LOCATION			
DOES YOUR BUSINESS MAKE MEDICAL MARIJUANA AVAILABLE FOR MEDICAL PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO							

ADDITIONAL INFORMATION

IS THIS A CHANGE OF OWNERSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FORMER OWNER'S NAME
IS THIS A NAME CHANGE IN BUSINESS OR CORPORATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FORMER BUSINESS OR CORPORATION NAME
IS THIS A BUSINESS ADDRESS CHANGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FORMER BUSINESS ADDRESS

EMERGENCY CONTACT

CONFIDENTIAL INFORMATION OFFSITE EMERGENCY CONTACT (for use in Police or Fire emergencies only)	CONTACT NAME	FULL HOME ADDRESS	(AREA CODE) PHONE
	CONTACT NAME	FULL HOME ADDRESS	(AREA CODE) PHONE

SIGNATURE OF APPLICANT

PRINT FULL NAME BELOW PRINT NAME HERE	ESTIMATE OF RECEIPTS FROM EVENT \$
I CERTIFY UNDER PENALTIES OF PERJURY THAT THE CONTENTS HEREOF ARE TRUE AND CORRECT	
Signature	Title
Date	

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
• The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx • The Department of Rehabilitation at www.rehab.cahwnet.gov • The California Commission on Disability Access at www.cdda.ca.gov

FOR OFFICE USE ONLY

BUSINESS LICENSE NUMBER	SECTION NUMBER	LOCATION CODE	SIC	SB 1186 \$1.00			
TAX \$26.00	DT	FRE	CR	NM	WH	PENALTY / REFUND / BAL DUE	TOTAL AMOUNT DUE \$27.00
NOTES:							
TEMPORARY BUSINESS LICENSES ARE VALID FOR THE DURATION OF THE EVENT OR FESTIVAL							
DATE	NOTES:						