



**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. NAME OF APPLICANT: _____ **PHONE #:** _____

4. DRIVER'S LICENSE #: _____ **SSN #:** _____
(PLEASE PROVIDE COPY)

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

6. VALID CERTIFICATE FROM KINGS COUNTY HEALTH DEPT IF REQUIRED?
YES ___ **NO** ___ **DATE OF CERTIFICATION** _____ (PLEASE PROVIDE COPY)

7. LEGAL STATUS:
_____ **SOLE PROPRIETORSHIP**
_____ **PARTNERSHIP**
_____ **CORPORATION**

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

- _____ Advertisement Material Dist., Daily \$5.00 tax per person
- _____ Amusement/Event Concessions, Daily \$10.00
- _____ Amusement Performances, Daily \$25.00
- _____ Animal Shows, Daily \$100.00
- _____ 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)

LICENSE NO: _____ **SIGNATURE OF CITY CLERK:** _____

LICENSE FEE/PENALTY: _____ **LICENSE EXPIRATION DATE:** _____

WORKER COMPENSTION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

- I have and will maintain a certificate of consent to self – insure for worker’s compensation, as provided by section 3700, for the duration of any business activities conducted for which this license is issued.
- I have and will maintaining worker’s compensation insurance. As required by Section 3700, for the duration of any business activities conducted for which this license is issued.

CARRIER: _____
ADDRESS: _____
POLICY NUMBER: _____
EXPIRATION DATE: _____

- I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the worker’s compensation laws of California, and agree that if I should become subject to the worker’s compensation provisions of section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

NAME: _____ **DATE:** _____
ADDRESS: _____
SIGNATURE: _____

WARNING: FAILURE TO SECURE WORKER’S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL BE SUBJECT TO AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY’S FEES.