



City of Beaumont

550 E. 6th Street
Beaumont, CA 92223
(951) 769-8520
www.ci.beaumont.ca.us

Special Event Vendor Business License Policies

Eligible for Special Events that are organized by Government Agencies, Non-Profits, or Beaumont based Agencies.

For Vendors which do not already have a valid City of Beaumont Business License.

1. Business License Applications should be submitted at least 2 weeks prior to the event.
2. Shortened application form (see attached Special Event Vendor Business License Application)
3. \$45 license fee per vendor for each event (\$10 for license, \$31 Administrative Fee and \$4 for SB 1379)
4. 1-2 day turn around to issue Business License.
5. Home based business located in Beaumont selling at the Special Event shall apply or have a Home Occupation Permit and License (Turnaround time is longer, so plan ahead and contact the Community Development Department).
6. All non profit vendors shall apply for a standard annual business license which shall be issued at no charge. (with submittal of 501c3 letter)



CITY OF BEAUMONT

550 East 6th Street, Beaumont, California 92223
Attn: Business License Coordinator • (951) 769-8520

SPECIAL EVENT VENDOR BUSINESS LICENSE APPLICATION

THIS APPLICATION MUST BE COMPLETELY FILLED OUT PRIOR TO ISSUANCE OF A LICENSE.

Please read this application thoroughly before signing declaration. This application is not a permit to do business. You may be required to obtain other permits as provided for by other departments. The provisions of the City of Beaumont, Business License Ordinance #333, provides for penalties for lateness in applying for and renewing business licenses. Failure to comply with the provisions of the City of Beaumont, Business License Ordinance, may result in the issuance of a citation, mandating a court appearance.

Business Name _____

Mailing Address _____

City State, Zip _____

Business Phone () _____ **Bus. Fax** () _____

Special Event Date _____

Special Event Name _____

Description of Business _____

Ownership: Corporation Ltd Liability Corp Sole Proprietor Partnership Trust

State Lic. No. _____ **Federal ID No.** _____ **Expiration Date** _____

Resale No. _____ **Social Security No.** _____ **Health Permit No.** _____

Workers' Comp No. _____

CONFIDENTIAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers

First Name _____ **Last** _____ **Phone** () _____

Home Address _____ **Cell Phone** () _____

City _____ **State** _____ **Zip** _____

WORKER'S COMPENSATION WAIVER

"I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the Workers Compensation Laws of California. Note: If after signing this certificate, you hire any employee, you become subject to the Worker's Compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or **your license immediately becomes revoked**".

Signature _____ Print Name _____ Date _____

I declare, under penalty of perjury, that this application has been examined by me, and to the best of my knowledge is true and correct.

Signature _____ Print Name _____ Date _____

Title _____

Thank you for doing business in the City of Beaumont

For Office Use Only

FEES: \$10 + \$31 + \$4 (SB 1379) = \$45 due Receipt No.: _____ Initials: _____ Date Paid: _____

Cash _____ Check# _____ Charge# _____