VNDR $20.00 fee 2025

VENDOR PERMIT APPLICATION

CITY OF CHINO FINANCE DEPARTMENT

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX (909) 334-3727
MAILING ADDRESS: P O BOX 667 CHINO, CA 91708-0667

BUSINESS INFORMATION

Company Name:

Address:

Mailing Address:

Phone: FAX: Emergency Phone (After hours): Contact Person:

Email Address: Website Address:

OWNER/OFFICER INFORMATION

Name: Title: Name: Title:

Drivers Lic. # Social Sec. # Drivers Lic. # Social Sec. #

IS THIS A [ ] CORPORATION [ ] PARTNERSHIP [ ] LLC [ ] SOLE OWNERSHIP (please check one)

CORPORATE INFORMATION (Please complete this section if you are a corporation, or if your corporate offices are located elsewhere).

Corporate name: Federal Employer's ID# State ID#

Address:

Phone: FAX:

NAME OF EVENT: _____

EVENT LOCATION: _____

DATES OF EVENT: _____

STATE BOARD OF EQUALIZATION PERMIT #: _____

PLEASE DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL _____

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and ability. I acknowledge that applying for a business license does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required from city departments must be obtained before any business activity will be allowed.

Signature: **Print Name:** **Date:**