



CITY OF ESCONDIDO
Business License Division
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4659

FOR INTERNAL USE ONLY	
<input type="checkbox"/>	Temporary Business License
<input type="checkbox"/>	Permit

TEMPORARY EVENT BUSINESS LICENSE APPLICATION FOR:

- SOLICITORS/PEDDLERS PERMIT**
- CARNIVAL / CIRCUS**
- EVENT PROMOTER / VENDOR**

Name of Event: _____

Location of Event: _____

Sponsoring Organization: _____

Dates: _____ From _____ To _____ Hours of Event: _____ From _____ To _____

Your Business Name (If Applicable): _____

Your Name: _____

Your Address: _____

Business Phone: () _____ Home Phone: () _____

Describe what product(s)/service(s) will be sold/solicited (be specific): _____

FEIN _____ or Social Security Number _____

Is this a tax-exempt organization? _____ Resale # _____

If yes, attach a copy of 501C or appropriate documentation from a state or federal agency.

If no, calculate fee below:

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.coda.ca.gov.

$$\begin{array}{r}
 \$25.00 \quad \times \quad \frac{\quad}{\text{Number of days}} \quad + \quad \$4.00 \quad \text{ADA Fee} \quad = \quad \$ \quad \underline{\quad} \\
 \text{Per Vendor}
 \end{array}$$

If more than one person will be soliciting or peddling or applying under this as a blanket application, please provide the names, addresses, and additional information required on the attached form.

Carnival/Circus:

Less than 1,000 seats

$$\$100.00 \times \frac{\quad}{\text{Number of days}} + \$4.00 \text{ ADA Fee} = \$ \underline{\quad}$$

1,000 seats or more

$$\$100.00 \times \frac{\quad}{\text{Number of days}} + \$4.00 \text{ ADA Fee} = \$ \underline{\quad}$$

I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I understand that any false statements made are grounds for denial or revocation of the license/permit.

Signature

Date

SOLICITOR'S LIST

Organization Name: _____

Organization Address: _____ Phone No. _____

Dates of Solicitation: _____

Address(es) of Solicitation: _____

1.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
2.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
3.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
4.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
5.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License #
	_____	_____	_____
	Address	City	State/Zip Code
6.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
7.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
8.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code

Signature of Applicant
(Should be same as on application)

Date

SOLICITOR'S LIST

Organization Name: _____

Organization Address: _____ Phone No. _____

Dates of Solicitation: _____

Address(es) of Solicitation: _____

1.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
2.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
3.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
4.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
5.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License #
	_____	_____	_____
	Address	City	State/Zip Code
6.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
7.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code
8.	_____	_____	_____
	Full Name	Date of Birth	CA Driver's License#
	_____	_____	_____
	Address	City	State/Zip Code

Signature of Applicant
(Should be same as on application)

Date