

SEASONAL/TEMPORARY SALES APPLICATION

NAME OF SALE: _____

DATE(S) OF SALE: _____

ADDRESS OF SALE: _____

TYPE OF PRODUCT(S) SOLD: _____

NAME OF APPLICANT: _____

BUSINESS NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NUMBER: _____

APPLICANT E-MAIL ADDRESS: _____

SOCIAL SECURITY / FEDERAL TAX ID #: _____

DRIVER'S LICENSE/ IDENTIFICATION#: _____

SELLERS PERMIT#: _____

X _____

SIGNATURE

DATE

Make checks payable to CITY OF LONG BEACH

FOR OFFICE USE ONLY

USE: _____ EXP DATE: _____

TOTAL # PERMITS THIS YEAR: _____

ACCOUNT NUMBER: _____

LETTER ATTACHED: _____

ACCEPTED BY: _____

PERMIT FEE: \$ _____

ZONING FEE: \$ _____

TOTAL FEE: \$ _____

ZONING REVIEW

Y _____ N _____

ZONE: _____

BY: _____

COMMENTS:



LETTER OF AUTHORIZATION FOR SEASONAL/TEMPORARY SALES

DATE: _____

I, _____, of the address
(Property Owner/Business Owner)

_____, Long Beach, CA, operating

under City of Long Beach Business License Account # _____,

give permission to _____
(Applicant's Name)

to conduct a seasonal/temporary sale at the abovementioned location the days of

_____.
(Date(s) of sale)

I understand the business license will only be issued upon the approval of required City departments which may include Planning & Zoning Dept, Building Dept, Fire Dept, and Health Dept.

Property/Business Owner Signature _____

Print Name _____ Title _____

Contact Phone Number(s) _____

Site Layout to Scale (if required)

