



**CITY OF SONORA
APPLICATION TO CONDUCT BUSINESS
INTERMITTENT VENDOR**



APPLICANT'S (INDIVIDUAL) NAME: _____

ADDRESS: _____

CITY: _____ STATE & ZIP: _____

PHONE: _____

PHYSICAL DESCRIPTION

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

MALE: _____ FEMALE: _____ DATE OF BIRTH: _____ DRIVERS LIC # _____

COMPLETE DESCRIPTION REGARDING THE GOODS, WARES, MERCHANDISE OR SERVICE
APPLICANT INTENDS TO SELL: _____

LOCATION WHERE BUSINESS WILL BE TRANSACTED: _____

DATES OF EVENT: _____ HOURS OF OPERATION: _____

WRITTEN PERMISSION FROM PROPERTY OWNER MUST BE ATTACHED

DESCRIPTION OF VEHICLE(S) BEING USED: _____

VEHICLE LICENSE NUMBER(S): _____

IF OTHER THAN SELF EMPLOYED, LIST THE FOLLOWING:

EMPLOYER NAME: _____ ADDRESS: _____

CITY, STATE & ZIP: _____ TYPE OF BUSINESS: _____

CA STATE BOARD OF EQUALIZATION RESALE NUMBER: _____

STATE EMPLOYER I.D.#: _____ FEDERAL EMPLOYER ID#: _____

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

Signature: _____ **Dated:** _____

303-04102-008

- \$30.00 INDIVIDUAL INTERMITTENT VENDOR (Four consecutive days or less)
- \$60.00 EVENT COORDINATOR (30 or less participants)
- \$100.00 EVENT COORDINATOR (31 or more participants)
- TRAVELING ENTERTAINMENT \$150.00 X _____ DAYS = _____.