

CITY OF PALM DESERT DEPARTMENT OF DEVELOPMENT SERVICES

73510 Fred Waring Drive, Palm Desert, California 92260 Phone (760) 776-6360 • codehotline@palmdesert.gov

TEMPORARY EVENT BUSINESS LICENSE

APPLICATION FEE: \$29.00 per booth/stall.

Make check payable to: City of Palm Desert

A Temporary Event Business License application must be submitted at least 14 days prior to the event. Sections D, E, F and corresponding signatures must be submitted for each vendor.

Once issued, each vendor must post their unique business license at their booth or stall for the duration of the event.

A. EVENT REPRESENTAT	IVE CONTACT INFORM	1ATION			
Representative Name:			Phone:		
Mailing Address:					
City:	State:	Zip:	Email:		
B. EVENT INFORMATION	M				
			TUP#:		□ N/A
Evant Addrass					
Event Contact #1:					
City of Palm Desert Busines					
•	.,,,,	,			
EVENT START DATE:	EVENT END DATE:	EVENT	START TIME:	EVENT END	TIME:
From://20	From:/20	From:	AM/PM	To:	AM/PM
Type of Event: ☐ Festiva	al 🗆 Parade 🗆 Fai		•	☐ Carnival	
C. EVENT REPRESENTAT	IVE CHECKLIST				
Have you provided the foll	owing documents with t	this application?		YES	NO
A Temporary Use Permit Approval Letter. (if applicable)					
A reservation from the Desert Recreation District. (if applicable)					
A complete vendors sheet	(to be completed by the e	event representativ	e, page 2).		
A complete product sheet f	for each vendor <i>(page 4 c</i>	of this packet).			
The application fee (\$29.00) ner hooth/stall_excludir	na nonnrofit oraani	izations)		

COMPLETE VENDORS SHEET

Please list all vendors to participate in this event. Use another page if needed.

Sponsoring Organization and Event Name:	
Total vendors (EXCLUDE NON-PROFITS):	

COMPLETE VENDORS LIST (COMPLETED BY THE EVENT REPRESENTATIVE)				
Provide correct information for each vendor. Check the box if YES.				
Vendor/Business Name	Vendor Representative/Applicant	Are pages 3-5 completed?	Non-Profit Organization?	

SECTIONS D, E, F AND SIGNATURES MUST BE SUBMITTED FOR EACH VENDOR.

D. VENDOR CONTACT I	NFORMATION				
Organization/Vendor Nan	ne:				
Applicant (Vendor Repres	entative):		Phone:		
Mailing Address:					
City:	State:	Zip:	Email:		
E. VENDOR CHECKLIST					
Have you provided the follow	owing documents with	this application?		YES	NO
A letter of approval from t	he sponsor of the event.				
A complete product sheet	(page 4 of this packet).				
Approval from the Riversic	le County Dept. of Env. H	Health (food vendo	ors only, page 5).		
Is this a nonprofit organiza	tion? If yes, provide EIN#	ŧ			
Briefly describe type of ver	ndor:				
Phone: (Day)	(Night)		(Cell)		
F. VENDOR INSURANC	E INFORMATION				
Worker's Comp. No:			Ехр:		
Incurance Name:					
Certificate of Self-Insurance: Insurance Waiver: \(\sum \) Yes			′es □ No		
City of Palm Desert Busine	ss License No. (if applica	able):			
Event Representative Sig give authorization for the fil		ed states that they	are responsible for the	e event describe	ed and herein
Print Name:	Si	gnature:		Date:	
Applicant (Vendor Repre licenses required by the Cothe City might not approve	ounty, State or Federal G what I am applying for ar	Government issued nd/or might require	d to me are in full force conditions of approval	and effect. I ur	
Print Name:	Si	anature:		Date:	

COMPLETE PRODUCT SHEET

Please list all foods/products and all equipment to be used in your booth/stall. Use another page if needed. All foods must be from an approved source and prepared in a licensed food service facility. No foods may be prepared, cooked, or stored in your home (unless pre-approved by the County of Riverside).

Vendor Name:			
Sponsoring Organization and Event Name:			
Booth/Stall Name: (complete only if name is			
	COMPLETE P		IST 'STAFF AT INSPECTION)
Name of Facility: (if prepared off-site)			
Facility Address: (street, city/state, zip)			
Name/Description of Item Distributed	Prepared Off-Site		Equipment to be Used at Stall
	☐ YES	□ №	

FOOD SERVICE VENDORS ONLY

Prior to submitting this application, you must get approval from the Riverside County Department of Environmental Health. If approved, the applicant (vendor) must display their license at their booth or stall. Applications without the health department's authorized signature CANNOT be considered.

Vendor Name:			
Sponsoring Organization and Event Name:			
Booth/Stall Name: (complete only if name is different than your vendor name)			
Riverside County Department of Environ	mental Health		
Printed Name		Telephone Number	
Authorized Signature	 Date	Position	



CITY OF PALM DESERT

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EACH VENDOR MUST POST THEIR UNIQUE BUSINESS LICENSE AT THEIR BOOTH OR STALL FOR THE DURATION OF THE EVENT.

Vendor/Booth Name:		
Liennes Ne .		
Exp. Date:		
	CIT US ONL	E
	Approved	Denied
Reason for denial:		
Ву:	Date	e: