



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 REPRESENTATIVE CONTACT INFORMATION

Representative Name: _____ Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Email: _____

B. EVENT INFORMATION

Event Name: _____ TUP#: _____ N/A
 Event Address: _____
 Event Contact #1: _____ Phone: _____
 Event Contact #2: _____ Phone: _____
 City of Palm Desert Business License No. (if applicable): _____

EVENT START DATE: From: ____/____/20____ **EVENT END DATE:** From: ____/____/20____ **EVENT START TIME:** From: _____AM/PM **EVENT END TIME:** To: _____AM/PM

Type of Event: Festival Parade Fair Trade Show Block Party Carnival
 Other: _____

C. EVENT REPRESENTATIVE CHECKLIST

Have you provided the following documents with this application?	YES	NO
A Temporary Use Permit Approval Letter. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
A reservation from the Desert Recreation District. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
A complete vendors sheet (to be completed by the event representative, page 2).	<input type="checkbox"/>	<input type="checkbox"/>
A complete product sheet for each vendor (page 4 of this packet).	<input type="checkbox"/>	<input type="checkbox"/>
The application fee (\$29.00 per booth/stall, excluding nonprofit organizations).	<input type="checkbox"/>	<input type="checkbox"/>

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

D. VENDOR CONTACT INFORMATION

Organization/Vendor Name: _____
 Applicant (Vendor Representative): _____ Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Email: _____

E. VENDOR CHECKLIST

Have you provided the following documents with this application?	YES	NO
A letter of approval from the sponsor of the event.	<input type="checkbox"/>	<input type="checkbox"/>
A complete product sheet (<i>page 4 of this packet</i>).	<input type="checkbox"/>	<input type="checkbox"/>
Approval from the Riverside County Dept. of Env. Health (<i>food vendors only, page 5</i>).	<input type="checkbox"/>	<input type="checkbox"/>

Is this a nonprofit organization? If yes, provide EIN#. _____
 Briefly describe type of vendor: _____
 Phone: (Day) _____ (Night) _____ (Cell) _____

F. VENDOR INSURANCE INFORMATION

Worker's Comp. No: _____ Exp: _____
 Insurance Name: _____
 Certificate of Self-Insurance: _____ Insurance Waiver: Yes No
 City of Palm Desert Business License No. (*if applicable*): _____

Event Representative Signature: The undersigned states that they are responsible for the event described and herein give authorization for the filing of the application.

Print Name: _____ Signature: _____ Date: _____

Applicant (Vendor Representative) Signature: I hereby certify that all information supplied by me is correct and any licenses required by the County, State or Federal Government issued to me are in full force and effect. I understand that the City might not approve what I am applying for and/or might require conditions of approval.

Print Name: _____ Signature: _____ Date: _____

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 Environmental Health

Printed Name

Telephone Number

Authorized Signature

Date

Position



CITY OF PALM DESERT TEMPORARY EVENT BUSINESS LICENSE

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

Vendor/Booth Name: _____

License No.: _____

Exp. Date: _____

C I T Y
U S E
O N L Y

Approved

Denied

Reason for denial: _____

By: _____ Date: _____