



**City of Colton**  
 Annex Center  
 659 N. La Cadena • Colton, CA 92324  
 (909) 370-5079 FAX: (909) 783-0875

## DAILY PERMIT APPLICATION

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

**Business Name** \_\_\_\_\_ **Bus. Phone** (\_\_\_\_) \_\_\_\_\_

**Business Location** \_\_\_\_\_ **Bus. Fax** (\_\_\_\_) \_\_\_\_\_  
 (Not a P.O. Box) (List address where each individual consents to receive service of process per AB2184, Sec. 1(a)(2) and 16100 1 (a)(2))

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
 (If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>Date(s) Approved</b>	<b>Location of Special Event</b>
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**Description of Business Activity at this location:**

Ownership:  Corporation  Ltd. Liability Corp.  Partnership  Sole Proprietor  Trust

Resale No. \_\_\_\_\_ Health Permit No. \_\_\_\_\_

Federal I.D. No. \_\_\_\_\_ State I.D. No. \_\_\_\_\_

<b>NOT PUBLIC INFORMATION</b>	<b>*** Owner / Partner / Officer Information***</b>	<b>NOT PUBLIC INFORMATION</b>
Owner Name _____	Title _____	Phone ( ) _____
Home Address _____	City _____	State _____
	Zip _____	Cell Phone ( ) _____
Driver's License No. _____	Social Security # / Driver License # or Other I.D. _____	
Owner Name _____	Title _____	Phone ( ) _____
Home Address _____	City _____	State _____
	Zip _____	Cell Phone ( ) _____
Driver's License No. _____	Social Security # / Driver License # or Other I.D. _____	

I declare under penalty of perjury, that the information in this application is true and correct. I agree to report gross receipts for work in the City of Colton for the current calendar year and pay any additional tax due upon expiration of this license per C.M.C 5.02.100.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF COLTON.

**CITY USE ONLY**

BUSINESS LICENSE EXPIRATION DATE \_\_\_\_\_

Flat Rate \$ \_\_\_\_\_ x 15. Per day

State SB1186 \$ 4.00 License Number Issued \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_ Cash Receipt No. \_\_\_\_\_

<b>DAILY PERMIT APPROVAL</b>