

**Peddling, Hawking,
Soliciting Permit City Use
Only:**

Amount Paid _____
Rec# _____ Date _____
Ref # _____
Rec'd By _____
Created _____
Issued _____
SIC _____

**CITY OF BIG BEAR LAKE
ADMINISTRATIVE SERVICES
DIVISION**

P.O. BOX 10000 • 39707 BIG BEAR BLVD
BIG BEAR LAKE, CA 92315-8900
(909) 866-5831 Fax # (909) 866-5491

BUSINESS LICENSE #
(City Issued)

**APPLICATION FOR
BUSINESS LICENSE**

Renewal fee due Sept. 30th of each year

Proposed Opening Date: _____

Please check any that apply:

- NEW
- Relocation

Please Type or Print with Pen

Business Name: _____

Fictitious Business Name(s), if any: _____

Description and Supplier of Merchandise Sold (attach additional sheets if needed): _____

Type of Ownership: Sole Prop. _____ Partnership _____ Corporation _____ Non-Profit _____

Required Licenses: _____

Business Location: _____ City _____ State _____ Zip _____
(Street Address)

Mailing Address: _____ City _____ State _____ Zip _____

Business Phone #: _____ Fax # _____ Web/Email _____

OWNERS OR PRINCIPAL OFFICERS:		Residence	Residence
Name	Title	Mailing Address/City/Zip	Area Code/Phone #

1) _____

2) _____

BUSINESS LICENSES EXPIRE ON SEPTEMBER 30TH OF EACH CALENDAR YEAR. ANNUAL LICENSE FEES ARE DUE ON OR BEFORE THIS DATE ALONG WITH UPDATED DOCUMENTATION AS REQUIRED ABOVE. DELINQUENT RENEWALS WILL BE ASSESSED A PENALTY ACCORDING TO THE PENALTY SCHEDULE ADOPTED BY THE CITY COUNCIL.

APPLICANT: I understand that: **1)** this is an application for a Business License and **not** an authorization to conduct business in the City of Big Bear Lake; **2)** NO BUSINESS may be conducted in the City of Big Bear Lake without the actual Business License; **3)** It may take up to two weeks (minimum) to process this initial application and that, depending on the review results, processing may take longer.

I certify that: 1) I have read and understand all information on this application, 2) I agree to comply with all of its provisions,

_____/_____
Signature / Date Print Name

Required Documentation (City Use Only)

Please check off documentaion once it is received.

Forward a copy of the business license and all documentation to Code Compliance.

- Copy of California Department of Tax and Fee Administration Seller's Permit, including tax number.
- LiveScan background check conducted by the California Department of Justice (should be dated within 6 months of application date).
- If preparing or selling food, Copy of Valid Health Permit issued by the County of San Bernardino and a copy of all employees current food handler card issued by the County of San Bernardino.
 - Not preparing or selling food.
- Description and/or site plan map of proposed location(s) where peddling, solicitation, or hawking will take place.

* **FOR CITY USE ONLY** *

DIVISIONAL REVIEWS

Administrative Services Division: Yes ___ No ___ Reviewed By: _____

Code Compliance: Reviewed by _____ Date _____

Conditions _____

APPROVED _____ **DENIED** _____

Reason for denial: _____

Name Signature Date

Planning Division: Reviewed by _____ Date _____

Conditions _____

APPROVED _____ **DENIED** _____

Reason for denial: _____

Name Signature Date