



# CITY OF MERCED

Finance Department - Business License Application - **Special Events**

678 West 18th Street  
Merced, California 95340  
(209) 385-6843

Business Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business (Give Full Description) \_\_\_\_\_

\_\_\_\_\_

Type of Organization:  Corporation  Partnership  Sole Owner  Other \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ State Tax ID # \_\_\_\_\_ State Sales Tax # (Required) \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact (Primary) \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact (Secondary) \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Event \_\_\_\_\_

Event Date(s) \_\_\_\_\_

**NOTE: If you are a food vendor, a copy of your health certificate is required.**

The undersigned applicant does hereby agree to indemnify and hold harmless the City of Merced, its officers, agents, and employees from any and all liability, costs, damages, or injuries to persons and damage to property which may arise out of or in any way be connected with the business.

Signature \_\_\_\_\_ License Fee \$ \_\_\_\_\_  
Penalty \$ \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Total Due \$ \_\_\_\_\_  
License # Issued \_\_\_\_\_

**(FOR FINANCE OFFICE USE ONLY)**

Date Billed \_\_\_\_\_ Classification \_\_\_\_\_

Total Due \$ \_\_\_\_\_ Account No. \_\_\_\_\_

Verified By: \_\_\_\_\_