



UMBRELLA BUSINESS LICENSE APPLICATION FOR SPECIAL EVENTS

CITY OF SAN JUAN CAPISTRANO
32400 PASEO ADELANTO
SAN JUAN CAPISTRANO, CA 92675
WWW.SANJUANCAPISTRANO.ORG

APPLICATIONS ARE ACCEPTED
IN PERSON OR BY MAIL:
MON.-THUR. 7:30AM-5:30PM
FRIDAY 7:30AM-4:30PM
(949) 487-4300

EVENT INFORMATION

Business Name:	Business License No.:
Event Name:	Event Date(s):
Event Address/ Location:	Special Activities permit obtained

EVENT COORDINATOR(S) INFORMATION

Name:	Email Address:	Phone No.:
Name:	Email Address:	Phone No.:
Name:	Email Address:	Phone No.:

LIST ALL CONCESSIONS/VENDORS

Business Name:	Business Address:	
Email Address:	Phone No.:	
List of Goods/Services to be Provided or Advertised:	Seller's Permit Number:	
Business Name:	Business Address:	
Email Address:	Phone No.:	
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AUTHORIZED REPRESENTATIVE SIGNATURE

I understand that this "umbrella" business license application does not authorize concessions/vendors to operate until they have fulfilled requirements of all applicable City and outside agency laws, permits or licenses. I also understand that all vendors are responsible for securing proper health permits from Orange County Health Department for this event. I certify under penalty of perjury that the above information is true or correct.

Print Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

No. of Concessions/Vendors:	Processing Fee:	Total Amount Due:
Received By:	Received Date:	
Notes:		