

CITY OF MERCED

Finance Department – Business License Application – **Special Events**678 West 18th Street Merced, CA 95340 (209) 385-6843

Business Name		Date of Application	
Business Address	· · · · · · · · · · · · · · · · · · ·	City	Zip
Mailing Address		City	Zip
Type of Business (Give Full Descr	ription)		
	on ☐ Partnership	☐ Sole Owner	☐ Other
Federal Tax ID#	State Tax ID#	State Sales T	ax # (Required)
Name of Owner Address City/State/Zip		_ Social Security # _ Date of Birth	
Name of Owner Address		_ Home Phone() Social Securitv #	
City/State/Zip			
Name of Owner Address City/State/Zip		_ Social Security #	
Emergency Contact (Primary)		Phone #	<u> </u>
Emergency Contact (Secondary) _		Phone #	
☐ Name of Event			
☐ Event Date(s)			
NOTE: <u>If you</u>	are a food vendor, a copy of	of your health certificate	is required.
The undersigned applicant does hereby a liability, costs, damages, or injuries to pers			
Signature		Total Due \$	
Title			
	(FOR FINANCE	USE ONLY)	
Date Billed		classification	
Total Due \$	A	account #	
1			

*Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx; The Department of Rehabilitation at www.rehab.cahwnet.gov; The California Commission of Disability Access at www.ccda.ca.gov.