



DAILY PERMIT APPLICATION

*** General Business Information ***

Business Name _____

Business Location _____

We DO NOT license post office box addresses. You may use them for mailing addresses only.

City _____ State _____ Zip _____

Description of Business Activity at this location: _____

Mailing Address _____

City _____ State _____ Zip _____

Business Telephone No.: (____) _____ No. of Employees: _____

*** Identify Ownership Type and Provide Identification Numbers ***

Type of Organization: _____ Corporation _____ Partnership _____ Sole Proprietor

Federal Employer Identification No.: _____

State Employer Identification No.: _____

Board of Equalization Resale No.: _____

Professional No.: _____ Health Permit No.: _____

ABC License No.: _____

*** Owner/Partner/Officer Information ***

Name: _____ Title: _____

Home Address: _____

City _____ State _____ Zip _____

Home Telephone No.: _____ Social Security No.: _____

Drivers License No.: _____

Date(s) Approved For: _____

I declare under penalty of perjury, that the information in this application is true and correct.

Authorized Signature

Date

Estimated Tax _____

License No Issued _____

Flat Rate _____ X \$15. per day

Cash Receipt No. _____

Total _____

Daily Permit Approval

**CITY OF COLTON
659 N. LA CADENA DRIVE
COLTON, CA 92324**