



CITY OF PALM DESERT

ONE DAY BUSINESS LICENSE APPLICATION

Please TYPE or PRINT CLEARLY

Name _____

Type of Business _____

Business Address _____

City _____ State _____ Zip _____

Business Name _____

Mailing Address _____ Zip _____

Opening Date _____ Emergency Phone _____

Business Owner Name _____

Business Phone _____

Insurance Information

Worker's Comp. No. _____ Exp. _____

Insur. Name _____ Cert. of Self Insur. _____

Insurance Waiver: Yes No Signed _____

I hereby certify that all information supplied by me is correct and any licenses required by the County, State or Federal Government issued to me are in full force and effect.

Applicant Signature _____ Title _____ Date _____

FINANCE

Acct. No.	Description	Fees
BL 110-0000-316-6000	Base License Flat Fee	\$ _____
BD 110-0000-314-9600		\$ _____
EL 271-0000-355-3000		\$ _____
		\$ _____
	Total Fees Collected:	\$ _____

Mail to: City of Palm Desert
 Attn. Business License
 73-510 Fred Waring Drive
 Palm Desert, CA 92260
 (760) 346-0611