



City of Colton

Annex Center
659 N. La Cadena • Colton, CA 92324
(909) 370-5079 FAX: (909) 783-0875

DAILY PERMIT APPLICATION

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

Business Name _____ **Bus. Phone** (____) _____

Business Location _____ **Bus. Fax** (____) _____
(Not a P.O. Box)

City _____ State _____ Zip _____ **E-Mail Address** _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Date(s) Approved	Location of Special Event
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Description of Business Activity at this location:

Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Trust

Resale No. _____ Health Permit No. _____

Federal I.D. No. _____ State I.D. No. _____

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

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Driver's License No. _____ Social Security No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Driver's License No. _____ Social Security No. _____

I declare under penalty of perjury, that the information in this application is true and correct. I agree to report gross receipts for work in the City of Colton for the current calendar year and pay any additional tax due upon expiration of this license per C.M.C 5.02.100.

AUTHORIZED SIGNATURE _____ DATE _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF COLTON.

CITY USE ONLY

BUSINESS LICENSE EXPIRATION DATE _____

Flat Rate \$ _____

x 15. Per day

State SB1186 \$ 4.00

License Number Issued _____

TOTAL FEES \$ _____

Cash Receipt No. _____

DAILY PERMIT APPROVAL