



CITY OF PERRIS

Finance Department
Business License Division
101 North "D" Street, Perris, CA 92570
TEL: 951-943-4610 FAX: 951-943-5065

BUSINESS LICENSE APPLICATION



Perris Municipal Code Section 5.06

Ordinance Number 1

Name of Business: _____ Cell Phone: _____

Registered Address: _____

Name of Owner: _____ DL #: _____ Expiration Date: _____

Eclcp jPcosgpckclr

Dgargrgms s glc
L kc
Pgtcp gbcAmslr Ajepi
Mddgac
0 02E rcu
Pgtcp gbc A 0 .
/2 - ...-
..' /22

Fc jrfNcpkgr-
DmmbF lbjcp A pb
Pgtcp gbcAmslr Bcnr,md
Cltgpmklcr jFc jrf
.. , lbcp ml tc
Fcker A 0 2
uuu,pgtamcf,mpe
/' 0 02

cjjcp Ncpkgr-
jc R v
A Bcnr,mdR v lbDcc
bkglg rp rgml
1 1 gl r,
/.rfDjp /...
Pgtcp gbc A 0 ./
/' . 2..

cpt dc l ecp
Acprgdga rgml
L rgml jPc r sp lr
mag rgml
uuu, cpt dc,amk

Cknjm cc
bclrgdga rgml
Lsk cp R v B'
lrepl jPctelse cptgac
0 .LB r
1 cpl pbglm A 02./
..' 0 /2.
. '1 /.

Description of business activity (items sold): _____

List the names of all the people that will be soliciting for the business. Kindly provide all their corresponding information.

Name	Street Address	City	State	Zip	Driver's License #

Number of vehicles to be used _____

Type, Make, Model, Year of Model and License Numbers of all such vehicles:

Type	Make	Model	Year of Model	License Number

ONLY vehicles listed above will be allowed to operate under this Business License application

I UNDERSTAND that per Ord. 1388 section 5.18.060 that ALL workers handling food and other similar items **MUST** possess all valid permits, certificats, or other authorization as required by the County of Riverside Department of Environmental Health.

PLEASE COMPLETE: I declare under penalty of perjury that the above is true and correct this _____ day of _____, 20 ____, in _____ County.

Signature of Owner _____
(if applicable)

Signature of Applicant _____

Site Plan Approval _____
(if applicable)