



City of Palm Springs

Department of Finance & Treasury

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262

Tel: (760) 323-8229 • Fax: (760) 322-8320 • Web: www.palmspringsca.gov

REQUEST FOR TEMPORARY EVENT PERMIT – APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS _____

CITY, STATE & ZIP: _____

BUSINESS PHONE: _____ RESALE# _____

EMAIL ADDRESS: _____

OWNERS/OFFICERS: _____

EVENT LOCATION: _____

TYPE OF EVENT: _____

DATE(S) OF EVENT: _____

TIME OF DAY: _____

PLANNING DEPT: _____

FINANCE DEPT: _____

PLEASE RETURN THIS FORM ALONG WITH PAYMENT IN THE AMOUNT OF \$ _____ TO:

THE CITY OF PALM SPRINGS
ATTN: FINANCE – ARIANA MUÑIZ
P.O. BOX 2743
PALM SPRINGS, CA 92263

PROMOTER FEE: **\$35.00 PER EVENT/PER DAY IF LESS THAN 4 VENDORS – or –
\$8.75 PER VENDOR/PER DAY FOR 4 OR MORE VENDORS**

- ✓ INCLUDE EACH VENDOR NAME & SALES TAX PERMIT/RESALE # ON ATTACHED VENDOR LIST.
- ✓ FULL AMOUNT PAID IN ONE CHECK BY PROMOTER OF EVENT TO CITY PRIOR TO EVENT.
- ✓ CALIFORNIA RESALE LICENSE REQUIRED FOR ANY VENDOR SELLING.
- ✓ IF VENDOR IS A PALM SPRINGS MERCHANT – PROVIDE MERCHANT NAME AND BUSINESS LICENSE NUMBER.
- ✓ SUBMIT APPLICATION, AND LIST ALONG WITH PAYMENT 10 DAYS BEFORE YOUR EVENT FOR REVIEW/APPROVAL. FEES ARE NON-REFUNDABLE.

Post Office Box 2743 • Palm Springs, CA 92263-2743

SPECIAL EVENTS VENDOR TEMPORARY EVENT SALES PERMIT LIST

***IF VENDOR IS A PALM SPRINGS MERCHANT – PROVIDE MERCHANT NAME AND BUSINESS LICENSE NUMBER**

EVENT: _____ **DATE** _____

BUSINESS NAME / MERCHANT NAME*	SALES TAX PERMIT#	*BUSINESS LICENSE #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____
16) _____	_____	_____
17) _____	_____	_____
18) _____	_____	_____
19) _____	_____	_____
20) _____	_____	_____

A TEMPORARY (*GOOD FOR 30 DAYS*) RESALE LICENSE IS AVAILABLE AT NO CHARGE FROM THE CALIFORNIA BOARD OF EQUALIZATION, 35-900 BOB HOPE DRIVE, SUITE# 280, RANCHO MIRAGE, CA 92270. PHONE: 760-770-4828, FAX: 760-770-6876

PLEASE RETURN LIST ALONG WITH APPLICATION AND PAYMENT 10 DAYS BEFORE YOUR EVENT.

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