



City of La Quinta

Business License No. _____

OUT OF CITY BUSINESS LICENSE APPLICATION FORM (VEHICLE)

FOR BUSINESSES NOT LOCATED INSIDE THE CITY OF LA QUINTA (THIS LICENSE DOES NOT APPLY TO BUILDING CONTRACTORS)

BUSINESS LICENSE APPROVAL: APPROVED BY _____ DATE _____

1. Business Name: _____
2. Business Address: _____
City/State: _____ Zip Code: _____
3. Mailing Address: _____
City/State: _____ Zip Code: _____
4. Business Phone: () _____ Email Address: _____
5. Owned by: Corporation: _____ Partnership: _____ Individual: _____
6. If Corporation or Partnership, Federal Tax I.D. is required: _____
7. Name of Owner or Officers and Title: _____
8. Type of Business _____
9. IF YOU ARE A FOOD VENDOR, DO YOU HAVE A COUNTY HEALTH PERMIT:
 YES (If yes, please provide a current copy) NO
10. La Quinta Seller's Permit (SBER sale number): _____
11. EVERY BUSINESS NOT HAVING A FIXED BUSINESS LOCATION WITHIN THE CITY OF LA QUINTA WHO DELIVERS TO LA QUINTA ANY SERVICES BY THE USE OF VEHICLES SHALL PAY A LICENSE FEE AS FOLLOWS:

Capacity	Rate per Vehicle	Number of Vehicles
Less than 1/2 Ton	\$15.00	_____
1/2 Ton to 2 Ton	\$25.00	_____
Over 2 Ton to 3 Ton	\$50.00	_____
Over 3 Ton	\$75.00	_____
TOTAL LICENSE FEE DUE:		

Please indicate below all vehicle license plate numbers that will be used in the business:

Vehicle License Plate Number	Vehicle Make/Model	Permit Number (Finance Use Only)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature: _____ Title: _____ Date: _____

Send Completed Form(s) to:

**CITY OF LA QUINTA
BUSINESS LICENSE DIVISION
P.O. Box 1504
La Quinta, CA 92247-1504
(760)777-7000**