

CHRISTMAS TREE CHECKLIST
UPON REQUEST FOR A CHRISTMAS TREE PERMIT APPLICATION:

- APPLICATION _____
- REGULATIONS FOR OPERATION _____
- FIRE PREVENTION INSPECTION GUIDE _____
- TYPE APPLICATION FOR PERMIT/LICENSE _____

COMPLETED APPLICATION SHOULD INCLUDE:

- COMPLETED APPLICATION _____
- LETTER FROM PROPERTY OWNER _____
- DIAGRAM OF LOCATION _____
- CERTIFICATE OF INSURANCE _____
- PERMIT FEE _____
- \$250 REFUNDABLE DEPOSIT _____

UPON APPROVAL OF PERMIT, THE FOLLOWING SHOULD BE GIVEN TO APPLICANT:

- APPROVED PERMIT _____
- NON-SOLICITATION LIST _____

***PERMIT ALLOWS APPLICANT TO BEGIN SETTING UP OF LOCATION BUT DOES NOT ALLOW FOR THE SALE**

UPON COMPLETION OF LOCATION, THE FOLLOWING INSPECTIONS MUST TAKE PLACE PRIOR TO ISSUANCE OF TEMPORARY BUSINESS LICENSE:

- BUILDING/ELECTRICAL INSP _____
- FIRE DEPT INSP _____
- PLANNING DEPT INSP _____

UPON APPROVAL OF INSPECTIONS, PLEASE ISSUE:

- TEMPORARY BUSINESS LICENSE _____

UPON COMPLIANCE WITH PROVISIONS FOR DEPOSIT:

- TYPE MEMO TO FINANCE TO RELEASE DEPOSIT

Business License Fee: \$75.00

Temporary Use Permit Fee: \$693.00

Filing Deadline: November 30th

CITY OF TEMPLE CITY

APPLICATION FOR TEMPORARY PERMIT FOR CHRISTMAS TREE SALES

APPLICANT: _____

ADDRESS: _____

BUSINESS NAME (DBA) _____

BUSINESS PHONE # _____

LOCATION OF PROPOSED CHRISTMAS TREE LOT: _____

PROPERTY OWNER: _____

ADDRESS: _____

PRESENT USE OF PROPERTY: _____

NOTE: Written permission from property owner of proposed site for the Christmas tree lot must accompany this application.

AVERAGE NO. OF EMPLOYEES: _____ NO. OF VEHICLES: _____

SALES TAX NUMBER: _____ CDL #: _____

DEPOSIT: A refundable cash deposit of \$250.00 is required as a condition of granting a temporary permit for Christmas tree sales. This deposit shall be refunded to applicant upon compliance with all code provisions. Locations shall be cleared of all debris and restored to original condition by December 31. Said deposit shall be forfeited and retained by the City in the event of noncompliance.

INSURANCE: Application for permit for Christmas tree sales shall be accompanied by an assurance that if the permit is issued, applicant shall, at the time of receipt of said permit, deliver to the City an insurance certificate in an amount not less than \$1,000,000 per occurrence bodily injury, personal injury and property damage also an additional insured endorsement.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THE PERMIT APPLIED FOR, I AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED; CONDUCT ALL PHASES OF THIS BUSINESS IN ACCORDANCE WITH REGULATIONS ESTABLISHED FOR SUCH BUSINESS AND TO MAINTAIN ALL PERSONNEL, VEHICLES, AND/OR EQUIPMENT THAT MAY BE USED IN CONNECTION THEREWITH, IN CONFORMANCE WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

APPLICANT'S SIGNATURE: _____

DATE: _____

Received by: _____
Receipt #: _____
Amount: \$ _____

Please return this application, together with applicable fees, to the City Hall. Make all checks payable to the City of Temple City.



CITY OF TEMPLE CITY
9701 LAS TUNAS DRIVE
TEMPLE CITY, CA 91780
(626) 285-2171

DATE: _____

ZONING CLASS: _____

PLANNING'S INITIALS: _____

APPLICATION FOR BUSINESS LICENSE

PLEASE CHECK APPLICABLE STATUS/CLASSIFICATION				
NEW BUSINESS _____	CHANGE OF:	OWNERSHIP _____	LOCATION _____	BUSINESS _____
RETAILER _____	WHOLSALER/MFG _____	HOME OCCUPATION _____	SPECIALTY BUSINESS _____	
SERVICE _____	PROFESSIONAL _____	BUSINESS BY VEHICLE _____	Specify: _____	
BUSINESS NAME (DBA): _____				
BUSINESS ADDRESS: _____				
MAILING ADDRESS (IF DIFFERENT): _____				
BUSINESS PHONE #:		ANTICIPATED BUSINESS START DATE:		
STATE/REG LICENSE #:	EXPIRATION DATE:	RESALE/ SALES TAX #:		
FEDERAL EMPLOYEE I.D. OR SOCIAL SECURITY NUMBER:		STATE EMPLOYEE I.D. NUMBER:		
BUSINESS OWNER'S NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE #:		
NUMBER OF EMPLOYEES WORKING MORE THAN 20 HOURS/WEEK (NOT INCLUDING OWNERS): _____ <i>If you have employees, please provide the City with proof of Worker's Compensation</i>				
NUMBER OF VEHICLES USED FOR PURPOSE OF YOUR BUSINESS? _____				
DO YOU HAVE VENDING/VIDEO MACHINES? <i>circle one</i> YES NO IF YES, HOW MANY? _____				
ARE YOU A FIREARMS DEALER? <i>circle one</i> YES NO				
IS THE BUSINESS OWNED BY AN: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ ?				
<i>If applicable, please provide a copy of Articles of Incorporation and the following information on all principal officers:</i>				
NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE #:		
NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE #:		
PROPERTY OWNER'S NAME:		PHONE #:		
ADDRESS: _____				

HAVE YOU OPERATED THIS BUSINESS UNDER ANOTHER NAME AND/OR AT ANOTHER LOCATION? *If yes, state other name/location:*

WILL THERE BE ANY OUTSIDE STORAGE? *If yes, describe the kind below and indicate the location on the site/floor plan:*

WILL THERE BE ANY HANDLING, TRANSPORTATION, STORAGE OR MANUFACTURING OF ANY EXPLOSIVE, FLAMMABLE, TOXIC OR OTHER HAZARDOUS GASES, LIQUIDS OR SOLIDS? *If yes, describe the kind and location – tanks and other principle storage must be shown on the plot/floor plans:*

WILL THERE BE ANY ALTERATION(S) TO THE STRUCTURE TO ACCOMMODATE YOUR BUSINESS USE? *For example, new rooms, walls, interior offices, installation or removal of major equipment. If yes, show on plot/floor plan and describe below:*

DESCRIBE YOUR BUSINESS ACTIVITIES IN DETAIL:

Article V Section 5135: NO PART OF THE LICENSE FEE COLLECTED SHALL BE RETURNED BUT SHALL BE FORFEITED TO THE CITY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THE CERTIFICATE APPLIED FOR, I MUST AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED; CONDUCT ALL PHASES OF THIS BUSINESS IN ACCORDANCE WITH REGULATIONS ESTABLISH FOR SUCH BUSINESS AND TO MAINTAIN ALL PERSONNEL, VEHICLES, AND/OR EQUIPMENT THAT MAY BE USED IN CONNECTION THERWITH, IN CONFORMANCE WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARTNER/OFFICER'S SIGNATURE: _____ DATE: _____

Please return this application as well as the attached forms along with your remittance to the City Hall. Make all checks payable to the "City of Temple City." The amount to be paid is shown on the fee schedule. If you have any questions, call the Business License Division at (626) 285-2171.

FOR OFFICE USE ONLY

LICENSE FEE	\$ _____	RECEIPT # BL	_____
PRORATION	\$ _____	AMT RECEIVED	\$ _____
PERMIT FEE	\$ _____	DATE RECEIVED	_____
SHERIFF FEE	\$ _____	RECEIVED BY	_____
OCCUPANCY FEE	\$ _____	C.U.P	_____
EMPLOYEE FEE	\$ _____		
TOTAL	\$ _____		