



CITY OF PALM DESERT  
**ONE DAY BUSINESS LICENSE APPLICATION**

Please TYPE or PRINT CLEARLY

Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Opening Date \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Business Owner Name \_\_\_\_\_

Business Phone \_\_\_\_\_

**Insurance Information**

Worker's Comp. No. \_\_\_\_\_ Exp. \_\_\_\_\_

Insur. Name \_\_\_\_\_ Cert. of Self Insur. \_\_\_\_\_

Insurance Waiver:  Yes  No Signed \_\_\_\_\_

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

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FINANCE**

Acct. No.	Description	Fees
BL 110-0000-316-6000	Base License Flat Fee	\$ _____
BD 110-0000-314-9600		\$ _____
EL 271-0000-355-3000		\$ _____
		\$ _____
		\$ _____
	Total Fees Collected:	\$ _____

Mail to: City of Palm Desert  
 Attn. Business License  
 73-510 Fred Waring Drive  
 Palm Desert, CA 92260  
 (760) 346-0611