



City of Avalon  
410 Avalon Canyon Road  
Post Office Box: 707  
Avalon, Ca 90704  
Phone: (310) 510-0220  
Fax: (310)510-0765  
[www.cityofavalon.com](http://www.cityofavalon.com)



Please complete all areas that apply.  
Information must be typed or printed in blue or black ink.

A. Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Business Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

B. Owner Name: \_\_\_\_\_  
Owner Social Security Number: \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Owner Phone Number: \_\_\_\_\_

C. Type of Business: \_\_\_\_\_  
Ownership Type: \_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Corporation  
\_\_\_\_\_ Partnership  
State I.D. Number: \_\_\_\_\_  
Federal I.D. Number: \_\_\_\_\_  
State Sales Tax Number: \_\_\_\_\_

D. PLEASE ATTACH A COPY OF VALID STATE CONTRACTOR'S LICENSE  
State Contractor's License Number: \_\_\_\_\_  
Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
License Description: \_\_\_\_\_  
Local address where work will be performed: \_\_\_\_\_

TO BE COMPLETED IF VEHICLES WILL BE ASSOCIATED WITH BUSINESS

- E. Number of Power Vehicles under 20': \_\_\_\_\_  
Number of Power Vehicles over 20': \_\_\_\_\_  
Number of Non-Power vehicles under 6': \_\_\_\_\_  
Number of Non-Power vehicles over 6': \_\_\_\_\_

TO BE COMPLETED IF FOOD AND ALCOHOLIC BEVERAGES ARE SERVED

- F. Separate Bar: \_\_\_\_\_  
Dancing Allowed: \_\_\_\_\_  
Outside Service: \_\_\_\_\_  
Entertainment Provided: \_\_\_\_\_  
Take-Out Restaurant: \_\_\_\_\_  
Outside Service after 11PM: \_\_\_\_\_  
Seating more the 100 seats: \_\_\_\_\_  
Seating less than 100 seats: \_\_\_\_\_

TO BE COMPLETED FOR TRANSIENT OR YEAR-ROUND RENTALS

- G. Total Number of Units: \_\_\_\_\_  
Will the property be rented transiently? \_\_\_\_\_  
Does rental of the unit include use of a vehicle? \_\_\_\_\_  
Do you have off street parking for the vehicle? \_\_\_\_\_  
Does the property have an active Conditional Use Permit? \_\_\_\_\_  
Will a Management Company be representign the property? \_\_\_\_\_  
Management Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

- H. Is your business conducted on leased or rented property? \_\_\_\_\_  
Do you have permission from the property owner? \_\_\_\_\_  
Property Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**TO BE COMPLETED IF BUSINESS HAS VENDING OR AMUSEMENT MACHINES**

I. Number of Amusement Machines: \_\_\_\_\_  
Number of Vending Machines: \_\_\_\_\_

J. PLEASE GIVE A BREIF DESCRIPTION OF THE BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FINANCE DEPARTMENT USE ONLY**

License Number: \_\_\_\_\_ | Amount Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ | Date Paid: \_\_\_\_\_

Status of Contractor's License: \_\_\_\_\_ | Date License was Checked: \_\_\_\_\_

Reason license is inactive (if any):

\_\_\_\_\_  
\_\_\_\_\_