



CITY OF WEST COVINA

1444 W. Garvey Ave. • P. O. Box 1440 • West Covina, CA 91793
Attn: Bus. License Dept. • (626) 939-8447 • Fax (626) 939-8664
www.westcovina.org

Effective 07-01-08

VENDING MACHINES APPLICATION

Please Check One:

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME

• OFFICIAL USE ONLY •

- LICENSE NO. _____
- EXPIRATION DATE _____
- DATE PAID _____
- CHECK NO. _____ CASH
- CREDIT CARD _____
- BATCH NO. _____

Business Name _____

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

E-Mail Address: _____ Website: _____

Start Date in West Covina: _____	Description of Business: _____
----------------------------------	--------------------------------

Type of Ownership: Corp. LLC Partnership Sole Proprietorship Trust LLP

If Corporation, name: _____

Resale No. _____ Federal I.D. No. _____ State I.D. No. _____

Enter below names of Owners, Partners, Corporate Officers or Principals - Use additional sheets as necessary. Please note, the first two names listed will appear on the business license certificate.

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____

Owner Name _____ Title _____

Home Address _____

City _____ State _____ Zip _____ Phone () _____

Social Security No. _____ Driver's License No. _____ Cell Phone () _____

Please note: The law requires that you obtain a business license within 15 days of the commencement of business in the city, and that penalties of 10% per month be assessed thereafter. Add penalty payment to total amount due if this applies to your business.

Section 14-43: Penalties for Failure to Secure a License. (a) The penalty for the failure to secure a license as required by this article shall be as follows: Whenever the fee required by this article is not paid on or before the date due or within thirty (30) days thereafter, a penalty of ten (10) percent of the amount due shall be imposed, and an additional penalty of ten (10) percent of the original fee shall be added at the close of business of the last day of each calendar month thereafter. Each penalty shall become part of the license fee required by this article. However, in no case shall the total penalty exceed one hundred (100) percent of the original fee. (b) In the case of a newly established business at a fixed place for which a license is prescribed, no penalty shall be imposed if the fee shall be paid within fifteen (15) days after the commencement of operation. Otherwise penalty shall be imposed as in the case of any other business. (Code 1960, § 6214)

IMPORTANT

On the next page, list the number and type of machine(s), location, gross receipts, etc. of all vending machines located in West Covina.

Note: New businesses pay the base fee of all machines. The balance due on business licenses is calculated at the end of the calendar year depending on the gross receipts total.

I declare, under penalty of perjury, that the information in this application is true and correct to the best of my knowledge.

Signature: _____

Date: _____ Title: _____

PLEASE RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF WEST COVINA

Exclusively engaged in the business of vending machines

- | | | |
|----|--------------------------------|-------|
| 1. | Total Base Fee of All Machines | |
| 2. | Other Fees | |
| 3. | Sub-Total of Lines 1 & 2 | |
| 4. | Penalties (if applicable) | |
| 5. | Total of Lines 3 & 4 | |
| 6. | Processing Fee | 40.00 |
| 7. | Total of Lines 5 & 6 | |
| 8. | Other _____ | |

Thank you for doing business in the City of West Covina

