



# 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 01-01-10

## VENDING MACHINES INCIDENTAL 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), amount to operate, etc.

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

### Vending Machines Incidental To Business

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

Thank you for doing business in the City of West Covina  
(Revised 12-2-09)

