



City of Caliente

PO Box 1006
Caliente NV 89008

TEMPORARY VENDORS BUSINESS LICENSE APPLICATION

Business Name: _____

Type of Business: _____

Address: _____

Mailing Address: _____

City: _____

State/Zip: _____

Phone: _____

Dates for license _____ to _____

License # _____

Approval: Yes / No

Approval Date: _____

Fee: _____

OWNER/ APPLICANT INFORMATION

Owner's Name: _____ D.O.B _____

Mailing Address: _____ Phone: _____

City: _____ State/ Zip: _____

Alternate Contact: _____ Phone: _____

Detail Description of Business (What it involves: Traffic, Parking, Etc.) _____

I (we) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear under penalty of law, information contained herein is true.

_____ Date

_____ Position

_____ Please Print Name

_____ Authorized Signature