

PLEASE RETURN COMPLETED FORM TO:

By Email: BizReg@Wildomar.gov

City of Wildomar

23873 Clinton Keith Rd. #110

Wildomar, CA 92595



**ONE-DAY BUSINESS
(VENDOR) APPLICATION**

Date: _____

DBA – Name of Business: _____

Applicant Name: _____

Address of Business: _____

Provide a detailed description of your business: _____

What Event (Name, Date, Location) is this for? _____

Please list and provide a copy of all applicable licenses you are required to have for this business:

I, undersigned, agree that this Business Registration will be granted as a **One-Day Use** for a specific event and cannot be used to conduct business in Wildomar for anything other than the date and the event specified on the Registration. If I want to conduct business other than what is stated on this application, I will apply for a full Business Registration with the City of Wildomar.

Signature of Applicant

Date

Reviewed By _____

Approved

Denied

Date _____

Comments:

