

ONE TIME/OUT OF TOWN BUSINESSES

Job Name and Address:		Job Duration:
Number of vehicles in the City:	Please list below. If more than 5, please list on separate sheet.	
Make	Model	License No.
1.		
2.		
3.		
4.		
5.		

VENDORS AND PEDDLERS

Please ensure that you have the following documents returned to the City of Bishop with the completed application:

- Business Plan and location proposal
- Copy of Inyo County Health and Food Handlers permits
- Copy of Livescan form

**HANDYMAN AFFIDAVIT
IF YOU ARE APPLYING FOR A HANDYMAN BUSINESS, PLEASE READ AND SIGN BELOW**

Handyman services are subject to California State License Board (CSLB) and Contractors State License law. In California it is a misdemeanor to engage in the business or act in the capacity of a contractor without a contractor's license. It is unlawful for an unlicensed person to perform contracting work on any project of which the combined price of labor and materials is \$500 or more. CSLB has jurisdiction over licensed and unlicensed contractors for up to four years from the date of an illegal act. In a complaint involving an unlicensed contractor, CSLB may issue a warning letter, a citation, or refer the complaint to the local district attorney for review and possible prosecution. Where appropriate, CSLB will take legal action against licensed and unlicensed contractors for violations to the Business and Professions Code. The term "contractor" includes those individuals or firms that offer services to improve real property, including, but not limited to, home building, electrical, heating and air conditioning, and installation and repair of mobile homes. Those who are not licensed may advertise home improvement services, but must indicate in their ad that they do not have a State Contractors license. They may not perform work valued at greater than \$500 in labor and materials.

Applicant Signature:	Date:
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ALL APPLICANTS READ AND SIGN BELOW

I certify that the information herein is true and correct to the best of my knowledge and belief. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required; to conduct all phases of business in accordance with regulations established for such business; and maintain all vehicles or equipment that may be used in connection therewith, in conformance with all applicable state, county and city laws, municipal codes, ordinances and regulations.

Applicant Name (please print):

Applicant Signature:	Date:
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FOR OFFICE USE ONLY

Payment Information: Cash Check # _____ Credit Card Confirmation # _____

SIC Codes:

Approved by:	Signature	Date	Comment
PW Director			
Associate Planner			
City Administrator			
Fire Chief			
Police Chief			

The following information is provided to the Bishop Police Department for emergency purposes :

EMERGENCY CALL-OUT NOTIFICATION	
Business Name:	
Address:	
Phone:	
Owner/Manager:	
Address:	
Home Phone:	Cell Phone:

IN CASE OF AN EMERGENCY, PLEASE CALL:	
Name:	Key: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Home Phone:	Cell Phone:
Name:	Key: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Home Phone:	Cell Phone:
Name:	Key: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Home Phone:	Cell Phone:

Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Guard Dog: <input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Company:	
Phone:	

STRUCTURAL INFORMATION Please check if applicable					
Roof Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Roof Ladder/Fire Escape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rear Door	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Doors/Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Toxic Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crawl Space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Flammable Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Access from Adjacent Bldg.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above, please explain:					