



Tractor & Vintage Farm Equipment Show

including service vehicles of all kinds

at the Yucaipa Iris Festival

Saturday 9am - 9pm & Sunday 10am - 4pm May 15-16,
2010

Yucaipa Community Park
34900 Oak Glen Road • Yucaipa, CA 92399

Contact Person _____

Mailing Address _____

City _____ State _____ ZipCode _____

Phone (Daytime) _____ (Evening) _____

Cell _____ Fax _____

Email _____

Make _____ Year _____ Model _____

Club _____

NO ENTRANCE FEE REQUIRED

ATTENDANCE:

- Saturday Only
- Sunday Only
- I can attend both days

**24 HOUR SECURITY
PROVIDED**

••• ALL VENDORS MUST SIGN THE FOLLOWING WAIVER •••

I, the undersigned, hereby agree to indemnify, defend, and hold harmless, the City of Yucaipa, its officers, officials, employees, and volunteers; the Yucaipa Iris Festival Committee, and the Yucaipa Iris Festival Association, Inc., from any and all claims, injuries, damages or expenses of whatever nature sustained to my person or property as a result of my participation in this event. I further release and waive said entities from any and all claims and causes of action, which may arise from my participation in this event. In addition, I hereby agree that my heirs, guardians, legal representative and assigns will not make a claim against, or file an action against said entities resulting from negligence, however caused, as a result of my participation in this event.

Signed: _____ Date: _____

Print Name: _____

Any questions call 909.790.9354
Tractor & Vintage Farm Equipment Coordinator • Wes Thatcher
Mail To: Yucaipa Iris Festival Association
Post Office Box 1111 • Yucaipa, CA 92399-1111 • phone (909) 790-5033 fax (909) 790.9397





BUSINESS LICENSE APPLICATION

34272 Yucaipa Blvd.
Yucaipa, CA 92399
TEL 909/797-2489
FAX 909/790-9203

ADMINISTRATIVE SERVICES DEPARTMENT
*Applications must be completed in entirety before
being processed. Please type or print.
Asterisks [*] indicate items to appear on license.
\$50 application fee for first year.*

www.yucaipa.org

* BUSINESS NAME: _____ BUSINESS PHONE: _____

* MAILING ADDRESS:

_____ Street Address _____ City _____ State _____ Zip Code

* BUSINESS LOCATION ADDRESS: (P.O. Box numbers not accepted)

_____ Street Address _____ City _____ State _____ Zip Code

DATE BUSINESS STARTED IN YUCAIPA: (or future start date if not yet established) _____

WEBSITE: _____ EMAIL: _____

TYPE OF BUSINESS: Full description (i.e., retail, wholesale, manufacturing, type of contractor, type of product, etc. **Please be specific.**)

* OWNER/OFFICER NAME: _____ OWNER HOME PHONE: _____

OWNER ADDRESS: (Residence of Owner of Sole Proprietorship or headquarter address of Corporation)

_____ Street Address _____ City _____ State _____ Zip Code

OWNERSHIP TYPE: (Check One)

- Sole Proprietorship Partnership (or LLP)
- Trust Corporation (or LLC)

Please use **asterisks** to indicate other partners/officers to display on license.

List All Partners (attach list if necessary)

List All Officers and Titles (attach list is necessary)

SOCIAL SECURITY NO: _____ FEDERAL ID NO: _____

STATE EMPLOYER ID NO: _____ CONTRACTOR'S LICENSE NO: _____

DRIVER'S LICENSE NO: _____ BOARD OF EQUALIZATION ACCT NO: _____

IS THIS BUSINESS OPERATED OUT OF YOUR HOME? YES NO

IF YES, WILL PEOPLE COME TO YOUR HOME FOR PRODUCT OR SERVICE? YES NO

HAVE YOU EVER APPLIED FOR A YUCAIPA CITY BUSINESS LICENSE? YES NO

IF YES, UNDER WHAT NAME? _____

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct

_____ Print Name _____ Signature of Owner or Designated Representative _____ Date

Please Note: Some businesses may need more than a business license. All businesses must comply with all applicable City, County, State, and Federal laws and regulations. The business owner/operator is responsible for obtaining all necessary permits, licenses, or approvals.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

COMMUNITY DEVELOPMENT DEPT APPROVAL

NEW REINSTATE CHANGE * BUSINESS LICENSE NUMBER: _____