



CITY OF SIGNAL HILL
Community Services Department

INFLATABLE AMUSEMENT DEVICE PROVIDER APPLICATION

BUSINESS INFORMATION

Name of Business _____

Contact Person _____

Business Address _____

City _____ Zip _____

Contact Information

Office _____ Cell _____

Fax _____ Email _____

STRUCTURE OF FIRM

Individual Partnership/Company/Association Corporation

Individual

Doing Business As: _____

Partnership

Names and addresses of partners/owners:

1. _____

2. _____

Corporation

Date and place of incorporation: _____

Names(s) and address(es) of officers:

1. _____

2. _____



GENERAL INFORMATION

Please provide the following:

- A brief business history, including the size of the organization and years in business
- Copy of current City of Signal Hill business license
- Certificates of insurance as specified in Inflatable Amusement Devices Supplier Permit (Commercial General Liability, Business or Personal Auto, Workers Compensation, and name the City of Signal Hill as an Additional Insured).
- List of products and corresponding prices

I declare the foregoing is true and correct. I understand that any false statement on this application or incomplete information will be sufficient grounds for denying a permit.

Signature

Date

Please submit this application with required documentation to:

City of Signal Hill
Community Services Department
2175 Cherry Avenue
Signal Hill, CA 90755

