



City of LYNWOOD

A City Meeting Challenges

11330 BULLIS ROAD
LYNWOOD, CALIFORNIA 90262
(310) 803-0220



The City of Lynwood requires a Business License to operate any type of business or event in the City.

City law states that no person shall engage in business or transact and carry on a business, trade, events, profession, calling or occupation in the city without first having procured a license from the city to do so or without complying with any and all applicable provisions of Chapter 4 of the Municipal Code of the City of Lynwood.

Your request requires a **Special Permit Application** that needs City Council approval. Your application must be submitted at this office at least **10 working days before the council meeting**. City Council meets twice a month, the first Tuesday and the third Tuesday of the month. With your application, please submit the following fees and information :

- 1) A completed Special Permit Application
- 2) \$30.00 Filing Fee.
- 3) An authorization letter from the business owner and property owner giving you permission to have the event at the location.
- 4) A site Plan of where you will be setting up, including tables, tents, canopies etc...
- 5) A description of the activities, hours of events, including everything, promotional sales, food, tents, music (DJ's), or any entertainment for those days.
- 6) L. A. County Sheriff's Department's approval.
- 7) L. A. County Fire Department's approval.

If the special permit request is approved by The City Council, you will be notified of the conditions of approval and the amount due to process your license.

You may contact the Business License Division at (310)603-0220 ext 242, our counter hours are Monday through Thursday 10:00 am to 3:00 pm.



APPLICATION FOR SPECIAL PERMIT

CITY OF LYNWOOD
11330 BULLIS ROAD
LYNWOOD, CA 90262
310-603-0220

APPLICANT INFORMATION:

NAME: _____ CDL#: _____ PHONE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
OCCUPATION: _____
NUMBER OF PERSONS EMPLOYED: _____ SBE: _____
(State Board of Equalization Number)

EVENT INFORMATION

TYPE OF PERMIT REQUESTED: _____
DATE(S) OF EVENT: _____
HOURS OF OPERATION: _____
ADDRESS OF PROPOSED EVENT LOCATION: _____
SPECIFIC AREA DESIGNATED FOR EVENT: _____
IS STREET CLOSURE BEING REQUESTED: YES NO (CIRCLE ONE)
(IF YES, BRIEFLY EXPLAIN REASON FOR EVENT AND CLOSURE:)

IF INDOORS, APPROXIMATE TOTAL GROUND FLOOR AREA OF STRUCTURE: _____

HAVE YOU MADE AN APPLICATION FOR THIS TYPE OF PERMIT BEFORE? YES NO

IF YES, WHERE AND WHEN: _____

IS THIS A FOR-PROFIT OR NON-PROFIT EVENT? (CIRCLE ONE)

IF THIS IS A NON-PROFIT EVENT OR A CERTAIN PORTION OF THE PROCEEDS BENEFIT A NON-PROFIT AGENCY OR ORGANIZATION, PLEASE PROVIDE THE FOLLOWING:

NAME OF ORGANIZATION BEING BENEFITED: _____
STATE NON-PROFIT NUMBER: _____
ADDRESS OF ORGANIZATION: _____ PHONE: _____

IS A WAIVER OF FEES BEING REQUESTED: YES NO
IF YES, EXPLAIN:

A NEGOTIATED PERCENTAGE OF THE PROCEEDS IS REQUESTED TO BE DONATED TO THE CITY.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL CAUSE A FORFEITURE OF FEES AND DENIAL OF PERMIT.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF APPLICANT DATE

ACCEPTANCE OF THIS APPLICATION FOR REVIEW DOES NOT IMPLY APPROVAL. THIS PERMIT REQUIRES CITY COUNCIL APPROVAL. YOU WILL BE NOTIFIED ACCORDINGLY.

FOR CITY USE ONLY

CITY CLERK: CONFLICT WITH PRIOR APPROVED EVENTS: YES NO
IF CONFLICTS EXIST, DESCRIBE:

EVENT	DATE	APPLICANT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FIRE DEPT: APPROVED/NO CONDITIONS APPROVED WITH CONDITIONS:
COMMENTS:/CONDITIONS FOR APPROVAL:

SIGNATURE DATE

SHERIFF'S DEPT: APPROVED/NO CONDITIONS APPROVED WITH CONDITIONS:
COMMENTS:/CONDITIONS FOR APPROVAL:

SIGNATURE DATE

PUBLIC WORKS APPROVED/NO CONDITIONS APPROVED WITH CONDITIONS:
COMMENTS:/CONDITIONS FOR APPROVAL:

SIGNATURE DATE

COMM. DEV. DEPT. APPROVED/NO CONDITIONS APPROVED WITH CONDITIONS:
COMMENTS:/CONDITIONS FOR APPROVAL:

SIGNATURE DATE

RECREATION DEPT. APPROVED/NO CONDITIONS APPROVED WITH CONDITIONS:
COMMENTS:/CONDITIONS FOR APPROVAL:

SIGNATURE DATE

APPROVED/DENIED BY CITY COUNCIL ON: _____

APPLICANT NOTIFIED: _____