

CALEXICO RECREATION DEPARTMENT



CITY OF CALEXICO EASTER EGG HUNT EVENT



CRUMMET PARK

SATURDAY, MARCH 28, 2026

9:00AM - 12:00 PM

BOOTH REGISTRATION FORM

Company Name: _____

Business Owner Name: _____

Address _____ City _____ State _____

E-Mail Address _____ Phone# _____

SECTION I.

No refunds after your application has been accepted!
Spaces are 10x10 ft.

REGISTRATION FEES - Cash Only:

- Informational Booth: Free (No selling or giving out snacks). Must provide an activity for children/families.
- Non-Food Selling: \$25.00
- Food Booth without County's Mobil Unit Permit (\$50) + Registration Fee (\$25): \$75.00
- Food Booth with County's Mobile Unit Permit: \$25.00

Please choose the vendor category that best fits your business:

Prepared food vendor/food truck Artist/Homemade artisan
Reseller(circular fashion and goods) Other
Non-Profit/Civic Organization or Community Group

Please provide a brief description of your booth/product list and the activity that will be provided, if applicable:

SECTION II.

Please complete and include all required items and turn them in at the Calexico Recreation Department 707 Dool Avenue:
All forms and information can be provided at the department, let us know if you need help.

FORMS & PAYMENTS:

- Booth Registration Form
- County Application or Copy of Current County Permit
- Business License Application (One-Day License)
- California Seller's Permit (Copy/Printout)
- Registration Fee
- Business License Fee

BUSINESS LICENSE FEES - Cash Only:

One-Day Business License Fees are as follows:
Businesses with a current City of Calexico license: \$24.00
Businesses without a current City of Calexico license: \$49.00

For business license information:
Call us at the Calexico Recreation Department at 760 768-2176

Forms are available in person, online at <https://calexicorecreation.org> or via email at recreation@calexico.ca.gov

DEADLINE TO REGISTER: Wednesday, February 25th by 4:30 PM

FOR OFFICE USE ONLY: Received By _____ Seller Permit Copy Business License Application County Application/Permit

Payments: Non-Food Selling Receipt # _____ County Permit Fee: _____ Business License Fee: _____

Comments _____ complete Missing items

RULES AND REGULATIONS

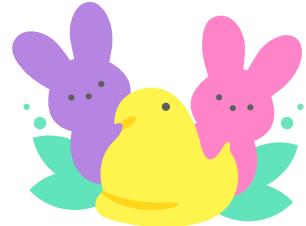
1. Licenses & Permits

- All vendors must obtain and maintain the required permits and licenses from the State of California, Imperial County, and the City of Calexico before operating.
- Required documents:
 - City of Calexico One-Day Business License.
 - State of California Seller's Permit (apply online: cdtfa.ca.gov, it's free and instantaneous).
 - Imperial County Temporary Food Facility Permit (food vendors only).
- All permits and licenses must be visible and available upon request.
- Failure to comply will result in removal from the event and loss of all fees paid.

2. Booth Requirements

Vendors are responsible for providing their own equipment, which may include:

- Silent generator
- Tables & chairs
- Lighting
- Canopy with sandbags or weights
- Extension cords
- Trash cans
- Dolly for loading/unloading
- Potable water (if needed)



Note: Vendors may not use city faucets or electricity.

3. Setup & Teardown

- Setup begins 2 hours before the event. Vendors must be fully ready to sell by 8:45 AM.
- Vendors are not allowed to leave before the event ends.
- Booths must remain open and staffed during event hours.

4. Cleanliness & Presentation

- Vendors must keep their booth neat, attractive, and free of hazards.
- All debris and garbage must be removed at the end of the event.
- Vendors whose products generate waste must provide covered trash containers for customer use.
- All vendors and informational booths are encouraged to decorate according to the event theme.

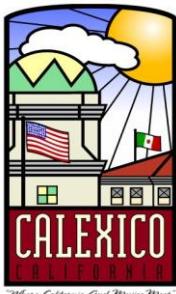
5. Additional Requirements

- Informational booths must include at least one family-friendly or children's activity.
- All food vendors must comply with Imperial County Health Department regulations.

I have thoroughly reviewed and comprehended all rules and regulations. By affixing my signature, I commit to adhering to all stipulated requirements.

I am aware that any failure to do so may lead to the forfeiture of fees without a possibility of refund, as well as exclusion from the current event and future participation in similar events.

SIGN HERE _____ DATE: _____



CITY OF CALEXICO

608 HEBER AVE. . CALEXICO, CA. 92231

ATTN: BUSINESS LICENSE DEPARTMENT

(760)768-2122 for payments [Mail Applications](#) or submit to E-mail: businesslicense@calexico.ca.gov

BUSINESS LICENSE APPLICATION

[City website: www.calexico.ca.gov](http://www.calexico.ca.gov)

Business Name _____		OFFICIAL USE ONLY BUSINESS LICENSE # NEED WATER Account #			
Business Location (List address where individual consents to receive service of process per AB2184, Sec 16000.1(a)(2) and 16100.1(a)(2))		DATE PAID		CASH	CHECK
Bus. Phone () Bus. Fax ()		BUS. START DATE IN CALEXICO EFFECTIVE:			
Mailing Address (if Different from the service of process Address/Business Address)		Ownership:		Corporation Partnership	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Ltd Liability Corp. <input type="checkbox"/> Sole Proprietor	
Description of Business _____		Business Type:		Retail Service	
Landlord Name: _____		<input type="checkbox"/> <input type="checkbox"/>		Wholesale Apartments	
NEED WATER Account # _____		Commercial Units			
Fire Fee \$ _____					
MUST HAVE A Seller Permit #: _____		MUST HAVE A Federal ID No. _____		MUST HAVE A State ID No. _____	
Enter below names of Owners, Partners, or Corporate Officers- Use additional sheets as necessary NOT PUBLIC INFORMATION					
Owner Name Home _____		Title _____		Phone _____	
Service of Process Address _____		Web-site _____			
Social Security/Driver's License or Other ID # _____		E-Mail _____			
Contact Person:					
Name _____		Title _____		Phone() _____	
PLEASE COMPLETE THE FOLLOWING:					
APARTMENTS <input type="checkbox"/>		NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by calling to the nearest State Board of Equalization at 1-800-400-			
NO. OF UNITS <input type="checkbox"/>					
VEHICLE LICENSE # (S) _____		EFFECTIVE JANUARY 1, 2018: AB 1379 STATE MANDATED DISABILITY ACCESS AND EDUCATION REVOLVING FUND			
		FIRE INSPECTION FEE \$ _____			
		TOTAL AMOUNT DUE \$ _____			

Thank you for doing business in the City of Calexico!

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS.

I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date: _____	Signature of Owner or Representative: _____		
RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF CALEXICO			
License Reviewed & CI _____ OFFICIAL USE ONLY			
Finance Dept. _____	Police Dept. (fingerprints) _____	Please Check One <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> CHANGE OF BUSINESS NAME <input type="checkbox"/> HOME OCCUPATION	
Building Division _____	Public Works Dept. _____		
PLANNING/ZONING _____	TRASH SERVICES _____		
FIRE DEPT. _____	Health Dept. _____		
NEED WATER Account # _____			

Revised August 2019

Please notify us once you no longer are doing business with the City of Calexico, to avoid future billing and additional fees!