



Financial Services

415 Diamond Street, P.O. Box 270
Redondo Beach, California 90277-0270
www.redondo.org

Phone: 310-318-0683
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APPLICATION OR WAIVER OF BUSINESS LICENSE TAX

Pursuant to Section 6-1.08(c) of the Redondo Beach Municipal Code

Instructions

- **Complete and return this application** to blmail@redondo.org
- **Please submit** waiver request **four weeks prior to event date** to provide for sufficient time to place on the City Council Agenda for consideration.
- Please contact blmail@redondo.org or at the phone number listed in the form heading with questions.

Section 1: Applicant Information

Organization or Individual Business Name: Redondo Beach Chamber of Commerce

Telephone Number: 310-376-6911

Organization or Individual Business Address: 514 N. Prospect Ave., Suite 301
Redondo Beach, CA 90277

Mailing Address: _____

(If Different from Organization or Individual Business Address)

Applicant's Name: Mara Santos

Applicant's Address: 514 N. Prospect Ave., Suite 301, Redondo Beach, CA 90277

Applicant's Relationship to Organization or Individual Business: CEO

Email Address: santos@redondochamber.org

Describe Business or Activity for which waiver is requested: _____

Date(s) of the Event: Redondo Beach Super Bowl 10k/5k

Event Hours: February 7 - 10am-4pm February 8 - 6am - 12pm

Location Address of the Event: 181 N. Harbor Dr., Redondo Beach, CA 90277

Organization or Individual Business website: www.redondochamber.org

Please list below all the vendors that will participating in the event:

Crafting Vendors:

Kaiser Permanent

California Water Services

BCHD/AdventurePlex

Sunny with a Chance of Flowers

BeachLife

YogaSix

Kaleo Marketing

South Bay Credit Union

BFT

Positive Energy

Beach Keys Real Estate

The NOW Massage

South Bay Equity

Woofie's of Torrance

Food Booth Vendors (non food truck):

(Please note these vendors will be still be required to provide their Health Permit and Food Handler Certificates prior to event)

Food Trucks:

(Please note these vendors will be still be required to provide their Health Permit and Food Handler Certificates prior to event)

Section 2: Waiver Request Statement

I request a waiver from the business license requirements as specified in Redondo Beach Municipal Code 6-1.08(c).

Section 3: Community Benefit Overview

Describe how your business or organization benefits the community, including charitable activities, community service programs, educational initiatives, and job fairs.

Attach additional documentation as needed.

The Chamber provides free educational workshops to help local business owners grow and succeed.

When businesses need assistance connecting with the City and are unsure which department to contact, the Chamber serves as a trusted resource—helping navigate the City's Business Concierge Program and making the right connections.

The Chamber is also committed to giving back to our community. Each year, we award over \$5,000 in scholarships to students at Redondo Union High School

and host a free Senior Dance, **welcoming** seniors from across the community for an **evening** of fun and connection at no cost.

Section 4: Compliance with all Laws

I shall comply with all applicable federal, state, and local laws, ordinances, and regulations related to this application.

Section 5: Supporting Documentation

Include any relevant supporting documents, such as evidence of business ownership or position, proof of community recognition, letters of support, or documentation of community benefits. If a food vendor please provide a copy of the Public Health Permit or License, evidencing certification that the vendor is in compliance with the Los Angeles County Department of Public Health requirements.

Section 6: Duration of the Business License Waiver

Any business license waiver approved by City Council pursuant to this application shall only be for a short term, extending from February 7, 2026 to February 8, 2026.

Section 7: Signature and Acknowledgment

I declare under penalty of perjury that I am authorized to make this statement and that the information provided is complete and accurate to the best of my knowledge. I understand the City Council will make the final decision on this waiver request.

Signature: 

Print Name: Maria Santos

Title: CEO

Date: January 6, 2026