



Financial Services

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

Phone: 310 318-0683
Fax: 310 937-6666

**APPLICATION FOR WAIVER OF BUSINESS LICENSE TAX
CITY OF REDONDO BEACH
415 DIAMOND STREET REDONDO BEACH, CA 90277
PHONE: (310) 318-0603 EMAIL: BLMAIL@REDONDO.ORG**

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

Complete and return this application.

Section 1: Applicant Information

Organization or Individual Business Name: Riviera Village Association

Telephone: 424-260-8386

Organization or Individual Business Address: 1799 S. Catalina Ave, Redondo Beach, CA 90277

Mailing Address: _____
(If different from Organization or Individual Business Address)

Applicant's Name: Mike Ward/VR Promotions & Events

Telephone: _____

Applicant's Address: 310-993-6453

Applicant's Relationship to Organization or Individual Business: Board Member/Promoter

Email Address: mike@villagerunner.com

Describe Business or Activity for Which Waiver Is Requested: _____

Riviera Village Summer Festival

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).



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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 if needed.

The Riviera Village Summer Festival is an annual event that generates revenue for the RVA so that it can pay for the annual Halloween & Holiday Stroll events. The RVA also uses their funds to work with the City of Redondo Beach to maintain the dining decks throughout the year and help promote the businesses of the Riviera Village through their marketing and promotions.

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 the City Council pursuant to this application shall only be for a short term, extending from 6-27-25 to 6-29-25.

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: Michael Ward _____

Title: Board Member/CEO VR Promotions & Events _____

Date: 6/11/25 _____