

BTN _____



BUSINESS TAX OFFICE
20 CIVIC CENTER PLAZA, FIRST FLOOR, P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447

ONE-DAY PEDDLER/SOLICITOR

Date(s) of Event: From _____ to _____ Today's Date _____
 Location of Event _____
 Name of Event _____

Business Name _____

Business Owner's Address _____

Business Owner's Mailing Address (if Different) _____

Business Telephone No. (_____) _____ Emergency Telephone No. (_____) _____

If Sole Owner, Enter Name, Social Security Number & Resident Address Below:

Name _____ Social Security No. _____

Resident Address _____

If Partnership, Corporation, or Trust, Enter the Names & Addresses of Two General Partners, the Corporate President & Vice President, or Trustees & the Federal Employee Identification No. Below:

Name _____ Title _____

Address _____

Name _____ Title _____

Address _____

Federal Employee ID. No. _____

State Seller's Permit No. (Copy **Must Be Attached For Processing**) _____

Number of Days (_____) Day(s) (X) \$19.00 Per Day = \$ _____

If delinquent, add 50% penalty on tax amount..... = \$ _____

Registration Processing Fee = \$+ 29.00

TOTAL BUSINESS LICENSE TAX DUE = \$ _____

MAKE CHECKS PAYABLE TO: CITY OF SANTA ANA

If you pay by check and it is returned, you expressly authorize the electronic debit of your account for the check amount plus a processing fee and applicable sales tax.

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature _____ Date _____

Print Name _____ Title _____

Driver's License No. _____ State _____

FOR OFFICE USE ONLY: BTN _____ Event Organizer/Promoter _____

Contact _____ Initial's _____