



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 \_\_\_\_\_