

CITY OF SANTA BARBARA
735 Anacapa St Santa Barbara CA 93101
(De La Guerra Plaza)
Phone: (805) 564-5341

APPLICATION FOR SPECIAL EVENT or ONE DAY VENDOR'S BUSINESS LICENSE

Business Name _____

Address. _____
(as shown on State Board of Equalization Seller's Permit or Santa Barbara County Health Permit)

City, State & Zip Code. _____ Phone No. _____

Business Owner. _____

Owner's Social Security Number or Federal Taxpayer Identification Number. _____

State Board of Equalization Seller's Permit Number. _____

Name, title or description of event SANTA BARBARA BOOK FESTIVAL

Location. De La Guerra Plaza

Date(s) and time of event. September 24, 2005 10:00 TO 5:00

Type or description of product to be sold or service offered . _____

Signature certifies that all business tax information provided is true, correct and complete.

Date _____ Signature. _____

Number of days for which license is requested 1 multiply by \$10.00 enter amount and pay > \$10

Or, enter current Santa Barbara business license number and expiration date: _____

Or, attach a copy of document from IRS or Franchise Tax Board certifying non-profit status. _____

APPROVAL OF SPONSOR/PROMOTER IS REQUIRED

Name of organization obtaining the Special Events Permit: SANTA BARBARA BOOK FESTIVAL

Name of responsible individual: (Print)- FRED KLEIN (Sign) _____

Mail with payment to:
City of Santa Barbara,
PO Box 1990,
Santa Barbara CA 93102
(Cashier use TC 0430)