

CITY OF SANTA ANA
BUSINESS TAX SECTION

20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447



BUSINESS LICENSE TAX APPLICATION

(PLEASE TYPE OR PRINT CLEARLY, USING BLACK INK)

EVENT PARTICIPANT

AFFIDAVIT - CONFIDENTIAL (NOTE: We are unable to process an incomplete application. Please complete this application and submit with your payment.)
Post Office boxes will not be accepted for either Business or Residential addresses.

Business Name (DBA) Santa Ana Business Start Date / /

Corporation Name (If Applicable) Phone ()

Business Location (PO Boxes Not Accepted) Fax ()

City State Zip E-mail

Mailing Address (If Different)

City State Zip Emergency Phone ()

Enter in Full State Seller's Permit # [][][][] - [][][][] [][][][] (Example: SR Y EA 123-456789 00001)
(Attach Copy Showing a Santa Ana Address) Prefix Acct Nbr Sub Nbr Prefix Acct Nbr Sub Nbr

Ownership of Business: [] Corporation [] Sole Proprietor [] Trust [] General Partnership [] Ltd Liability Co. [] Ltd Liability Partnership
Federal Tax I.D. # - - - - -

BUSINESS OWNER INFORMATION - Enter Names of Owners, Partners, Members or Corporate Officers below - Use Additional Sheets as Necessary

Owner/Officer Name Title Social Security No.

Home/or Corporate Address Phone ()

City State Zip Drivers License No.

Owner/Officer Name Title Social Security No.

Home/or Corporate Address Phone ()

City State Zip Drivers License No.

Event Name: Juneteenth Festival Event Location: Centennial Regional Park

TYPE OF BUSINESS (Check [x] all that apply) [] Retail [] Service Industry [] Marketing [] Performer/Entertainer [] Security Services
[] Catering/Produce/Ice Cream Trucks [] Entertainment/Amusements [] Nonprofit Organization [] Informational Materials/Booth [] DJ
[] Neighborhood/Home Owners Association [] Party Supply Rentals [] Traffic Control/Barricade Services [] Portable Restrooms/Fencing

Description of Business Activity:
(To prevent a delay in processing your application, a description of business activities and (where applicable) a description of items sold must be entered on the line above.)
To avoid a 50% assessment of a penalty, this office must receive application within 30 days from the business start date.

Statement of Estimated Gross Receipts

(Provide estimated income for a 12-month period in Santa Ana)

I hereby certify that the anticipated Gross Receipts of the above named business for the period beginning
, 20 to 20 will be \$.

Note: For businesses that operate in Santa Ana from a residential address, a Home Occupation Permit is required.

I declare under penalty of perjury that this application (including accompanying documents) are, to the best of my knowledge, a true and correct statement of facts.

Signature Title

Print Name Date / /

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 any applicable sales tax.

* OFFICIAL USE ONLY

BTN

POLICE CLEARANCE [] YES [] NO

COMM PRES [] YES [] NO

NOTES: Initial: