



CITY OF SANTA BARBARA

Finance
Cashier:
(5.04.540)
Use Tran Code
430

APPLICATION for SPECIAL EVENT or ONE DAY VENDOR'S LICENSE

Business Name:	
Address (as shown on State Board of Equalization Seller's Permit or Santa Barbara County Health Permit):	
Business Owner's Name:	Business Phone Number:
Federal Tax Identification Number:	State Board of Equalization Seller's Permit Number:
Name, Title or Description of Event:	
Location:	
Date(s) and Time of Event:	
Type or Description of Product to be Sold or Service Offered:	

****PLEASE NOTE ALL FOOD PREPARATION VENDORS ARE REQUIRED TO HAVE A COUNTY OF SB HEALTH PERMIT ON SITE****

I hereby certify, under penalty of perjury, the information reported on this form is true and complete, to the best of my knowledge.

Applicant Signature

Date

License Fee:

Number of days license is requested _____ multiplied by \$10.00 equals amount owed _____
(Please remit this amount)

or

enter current City of Santa Barbara business license number and expiration date _____

or

attach a copy of IRS or State Franchise Tax Board documentation certifying non-profit status.

Make check payable to "City of Santa Barbara"

***Mail this form and payment, if applicable, to: City of Santa Barbara, Finance/Licenses and Permits,
P.O. Box 1990, Santa Barbara, CA 93102***