

CITY USE ONLY

License Number: _____
Issue date: _____
Expiration date: _____
State Business Code: _____



City of Arcata
736 F Street
Arcata, CA 95521

**Application for Business License
for Booth Sales**

Name of Event: _____

Date of Event: _____

Please complete and return this form with your check to the **event organizer**. If you have questions or need any assistance, please contact the City of Arcata, Finance Department, at (707) 825-2121

General information:

Name of Business: _____

Mailing Address: _____

Owner's Name: _____ Phone #: _____

Address:(if different) _____

Ownership Type: Sole Proprietorship _____ Partnership _____ Corporation _____

Local Phone & Contact Person: _____

Type of Business: _____

Social Security #: _____ Federal ID #: _____

State ID #: _____ **California Resale #:** _____

NOTE: Failure to provide a California Resale Number (if your product is taxable in the State of California) may result in a Business License not being issued and your removal from the event.

Fees: \$21.00 per booth per event. Amount Paid: _____ (416/312)

NOTE: If you have an annual Business Tax Certificate, you need not pay the \$20.00. Write in your Tax Certificate #: _____ include copy.

****fees are waived with proof of non-profit status or Honorably Discharged U.S. Veteran****

Certification

Please note that issuance of a business license does not in any manner excuse compliance with any applicable state, county or municipal laws or regulations. The purpose of the business license tax is solely to raise money for municipal purposes and is not intended for regulation.

I hereby certify under penalty of perjury that the above information is true and correct.

Date: _____

Signed: _____ Title: _____