



# 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:

*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***