For Office Use Only
AdTax Reg # :_____
BL# : _____

CITY OF SANTA CRUZ
ADMISSION TAX REGISTRATION CERTIFICATE APPLICATION

Please send completed application to:
City of Santa Cruz Finance Department
Attn: Revenue
809 Center Street Room 101
Santa Cruz, CA 95060
(831) 420-5070 Fax: (831) 420-5051

Business Name: _____

Owners Name (Please print): _____

Type of Business: ___Sole Proprietorship ___Partnership ___Corporation

Date Started: _____

Address of Business/Organization

_____

City _____ State _____ Zip _____

Business/Organization Phone Number: _____

Mailing Address (if different):

_____

City _____ State _____ Zip _____

Describe Taxable Operations(i.e. entertainment, charters, video games, etc.):

_____

If "amusement devices," please state number: _____

Location of Events: _____

Location Occupancy Max: _____

Frequency of events: ___daily ___weekly ___monthly

Operator's Signature: _____ Date: _____

Contact Person: _____

Contact Person's daytime phone number: _____

Contact Person's email: _____

IMPORTANT:
CHANGE OF OPERATOR and/or OWNERSHIP REQUIRES
A NEW APPLICATION