

**For Office Use Only**  
Reg #: \_\_\_\_\_  
BL# : \_\_\_\_\_

**CITY OF SANTA CRUZ  
ADMISSION TAX REGISTRATION CERTIFICATE  
APPLICATION**

Please send completed application to:  
City of Santa Cruz Finance Department, Revenue  
333 Front St Suite 200  
Santa Cruz, CA 95060  
revenue@cityofsantacruz.com  
(831) 420-5070

Business Name: \_\_\_\_\_

Owners Name (Please print): \_\_\_\_\_

Type of Business: \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation

Date Started: \_\_\_\_\_

All records related to the Admission Tax are subject to audit. Failure to report taxable income and pay taxes due for prior periods will result in penalties and interest accruing from the original due date(s).

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