

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
1200 Pacific Ave, Suite 290
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