

**Distributor Registration Form
Sugar-Sweetened Beverage Tax
City of Santa Cruz, CA**



Questions?

Phone: (831) 420-5075
Fax: (831) 420-5051
Email: ssbt@santacruzca.gov

Step 1 of 3: Check all that apply:

- ☐ My business delivers items taxable by the Sugar-Sweetened Beverage Tax to retailers in the City of Santa Cruz.
- ☐ My business brings items taxable by the Sugar-Sweetened Beverage Tax into the City of Santa Cruz for retail sale at our own store.
- ☐ My business is not responsible for paying the Sugar-Sweetened Beverage Tax to the City of Santa Cruz because (Check one):
 - ☐ My business is not subject to taxation by the City of Santa Cruz, under state or federal law. (Please provide supporting documentation.)
 - ☐ My business had annual gross receipts under \$500,000 during the most recent calendar year. (Please provide supporting documentation.)
 - ☐ My business has all of its items taxable by the Sugar-Sweetened Beverage Tax delivered by other distributors**. (Please provide distributor information on the back of this form.)
 - ☐ My business does not distribute any items taxable under the Sugar-Sweetened Beverage Tax, and no distributors deliver these items to my business. (See taxable items and exemptions in FAQs.)
 - ☐ My business has closed or does not do business in the City of Santa Cruz.

Effective Date: _____

If business was sold, please provide the new owner's contact information:

_____ Date Sold: _____

Step 2 of 3: Please provide your business information:

Business Name: _____

Doing Business As (DBA): _____

Mailing Address: _____

Street Address/PO Box

City

State

Zip

Physical Address in Santa Cruz: _____

Street Address

City

State

Zip

Business Contact/Title: _____
(Please print.)

Contact Phone #: _____ Contact Email Address: _____

FEIN or Owner's SSN #: _____ City of Santa Cruz Business License #: _____

MUST COMPLETE REVERSE SIDE BEFORE REMITTING

**Remit To: City of Santa Cruz, Revenue
1200 Pacific Ave. Suite#290 • Santa Cruz, CA 95060
or email to: ssbt@santacruzca.gov**

Step 3 of 3: Please sign and return this form to the City of Santa Cruz at the address indicated at bottom of form:

I declare under penalties of perjury that the above information is, to the best of my knowledge and belief, true and accurate.

Print Name: _____ **Signed:** _____ **Date:** _____

****If your business has items taxable by the Sugar-Sweetened Beverage Tax delivered by distributors, please fill in the distributors' information the blanks below:**

Distributor 1

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 2

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 3

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 4

Business Name: _____

Business Address: _____

Contact Information: _____

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