



CITY OF ARCATA

736 "F" Street • Arcata, CA 95521
(707) 822-5951

Farmers Market

BUSINESS LICENSE TAX CERTIFICATE APPLICATION

| | | | |
|---|-------------|--|--------------------|
| Business Name _____ | | • OFFICIAL USE ONLY • | |
| Corporate Name _____ <small>(If Different)</small> | | BUSINESS LICENSE NO. _____ | |
| Business Location _____ <small>(Not P. O. Box)</small> | | EXPIRATION DATE December 31 | |
| City _____ | State _____ | Zip _____ | INPUT/MAILED _____ |
| Bus. Phone () _____ | | Bus. Fax () _____ | |
| | | TOTAL PAID \$ _____ | |
| | | CHECK # _____ CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> | |

Mailing Address _____
(if Different)

City _____ State _____ Zip _____ Email Address _____

| Start Date | Description of Business |
|------------|-------------------------|
| | |

Ownership: Corporation Ltd Liability Corp Sole Proprietor Partnership Trust

Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

| | | |
|--------------------|---------------------------|-----------------|
| Owner Name _____ | Title _____ | Phone () _____ |
| Home Address _____ | Drivers License No. _____ | |
| City _____ | State _____ | Zip _____ |
| | Social Security No. _____ | |
| Owner Name _____ | Title _____ | Phone () _____ |
| Home Address _____ | Drivers License No. _____ | |
| City _____ | State _____ | Zip _____ |
| | Social Security No. _____ | |

Farmers Market
(January-December)
Annual Fees \$40.00
State CASP Fee \$4.00
Total Fees \$44.00

****SUBMIT THIS FORM WITH PAYMENT TO EVENT ORGANIZER****

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

| | | | | | | | |
|---|--|---------------|---------------|-----------------|--------------|--------------------------|----------------|
| <p>IMPORTANT NOTE: Issuance of a Business License Tax Certificate does not in any manner excuse compliance with any applicable state, county or municipal laws or regulations. You are advised that the zoning laws, building codes, public health laws and other laws and regulations of the City, county, state or federal governments may affect your ability to conduct business at the address indicated. Contact the Community Development/Building Department at 822-5955 and the Environmental Services Department at 822-8184 for further information. Violations of laws subject you to prosecution and possible penalties. The purpose of the business license tax is solely to raise money for municipal purposes and is not intended to be a license to do business.</p> <p>CERTIFICATION: I certify under penalty and perjury that the above information is true and correct to the best of my knowledge.</p> <p>Signature _____</p> <p>Title _____ Date _____</p> <p style="text-align: center;"><i>Thank you for doing business in the City of Arcata</i></p> | <table border="0"> <tr> <td>License Fees:</td> <td style="text-align: right;">\$40.00 (416)</td> </tr> <tr> <td>State CASP Fee:</td> <td style="text-align: right;">\$4.00 (312)</td> </tr> <tr> <td>TOTAL AMOUNT DUE:</td> <td style="text-align: right;">\$44.00</td> </tr> </table> <p><small>NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.</small></p> | License Fees: | \$40.00 (416) | State CASP Fee: | \$4.00 (312) | TOTAL AMOUNT DUE: | \$44.00 |
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