



COUNTY OF SANTA CRUZ

EDITH DRISCOLL, AUDITOR-CONTROLLER-TREASURER-TAX COLLECTOR
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CUP TAX - REGISTRATION APPLICATION

PLEASE PRINT OR TYPE

Name of Business _____

Address of Business (if applicable) _____

Mailing Address _____

Business Email Address _____ Phone # _____

Type of Business: Gas Station Food Truck Coffee Shop Fast Food Mobile Cart

Convenience Store Restaurant Cafeteria Concession Stand Event Vendor

Other _____

IMPORTANT: Change of Operator and/or Ownership Requires a New Application

Owner(s) Name (List Principals):

Owner Name	Email Address	Phone Number

Other Approved Contacts:

Name	Email Address	Phone Number

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed _____ Date _____