

PLEASE PRINT OR TYPE

COUNTY OF SANTA CRUZ

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CUP TAX - REGISTRATION APPLICATION

One-Time Event Only

Business Mailing Address		
Business Email Address	J	Phone #
Event Name		
Start Date of the Event	End Date of the Event	
Address of Event		
Address of Event		
IMPORTANT: Change of O	perator and/or Ownership Requires a Nev	w Application
	•	
Owner(s) Name (List Principals Owner Name	•	
Owner(s) Name (List Principals	s):	
Owner(s) Name (List Principals Owner Name	s):	
Owner(s) Name (List Principals Owner Name Other Approved Contacts:	Email Address	Phone Number
Owner(s) Name (List Principals Owner Name Other Approved Contacts: Name	Email Address Email Address	Phone Number Phone Number
Owner(s) Name (List Principals Owner Name Other Approved Contacts:	Email Address Email Address	Phone Number Phone Number
Owner(s) Name (List Principals Owner Name Other Approved Contacts: Name	Email Address Email Address	Phone Number Phone Number
Owner(s) Name (List Principals Owner Name Other Approved Contacts: Name eporting of Cup Tax: One-	Email Address Email Address	Phone Number Phone Number
Owner(s) Name (List Principals Owner Name Other Approved Contacts: Name	Email Address Email Address Time Events	Phone Number Phone Number

_____Date _____

CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed _____