

## City of Santa Fe

## SPECIAL EVENT LICENSE APPLICATION

P.O. Box 909, Santa Fe, New Mexico 87504-0909 Phone: (505) 955-6551 or (505) 955-6575

## ALL INFORMATION ON THIS FORM TO BE COMPLETED BY APPLICANT Applicant's Name: \_\_\_\_\_\_ Business Name: \_\_\_\_\_

Event Location Address:	City	State	Zip
Applicant's Mailing Address:	City	State	Zip
3,130			
Artist/Artisan Food Merchandise Special Event Sponsor			
Event Name:	_ Dates:		
CRS GROSS RECEIPTS TAX NUMBER IS REQUIRE SANTA FE.	D TO CONDUC	T BUSINESS IN THE C	ITY OF
IF YOU DO NOT HAVE A CRS GROSS RECEIPT TAX NEW MEXICO TAXATION AND REVENUE DEPARTM AT: (505) 955-6551.	( I.D. NUMBER IENT AT: (505)	, PLEASE CONTACT T 827-0951 OR THE CITY	HE STATE OF OF SANTA FE
Prior City License Yes No, If Yes, ent	er License Nu	ımber:	
*CRS I.D.#	s		
VEHICLE VENDOR'S INTENDING TO SELL FOOD & STATE OF NEW MEXICO ENVIRONMENT DEPARTMENT	BEVERAGES MENT PERMIT,	MUST ATTACH A COPTO OPERATE.	Y OF YOUR
Email Address:			
Phone:		Date:	
Signature:			
* The gross receipts tax is a tax imposed by the State of New Mexico on persons engaged in business in New Mexico for the privilege of doing business.	i i	OR OFFICE USE ON	L <b>Y</b>
	Receipt #:	Amount:	
•	License #:	Date:	