



# CITY OF TULELAKE

591 Main Street  
P. O. Box 847, Tulelake, CA 96134  
Phone 530-667-5522 - FAX 530-667-5351  
[cityoftulelake@cot.net](mailto:cityoftulelake@cot.net)



## APPLICATION FOR SPECIAL EVENT or ONE DAY VENDOR'S BUSINESS LICENSE

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

Business Owner: \_\_\_\_\_

Owner's Social Security Number or Federal Taxpayer Identification Number: \_\_\_\_\_

State Board of Equalization Seller's Permit Number: \_\_\_\_\_

Name, title or description of event: \_\_\_\_\_

(Food vendors must have a Food Handler's Permit or Siskiyou County Health Department Permit)

Location: \_\_\_\_\_

Date(s) and time of event: \_\_\_\_\_

Type or description of product to be sold or service offered: \_\_\_\_\_

**Signature certifies that all business tax information provided is true, correct and complete.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Number of days for which license is requested \_\_\_\_\_ multiply by \$10.00, enter amount and pay > \_\_\_\_\_

Or, enter current Tulelake business license number and expiration date: \_\_\_\_\_

Or, attach a copy of document from IRS or Franchise Tax Board certifying non-profit status.

## APPROVAL OF SPONSOR/PROMOTER IS REQUIRED

Name of organization obtaining the Special Events Permit: \_\_\_\_\_

Name of responsible individual: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_

Mail with payment to:  
City of Tulelake  
PO Box 847  
Tulelake, CA 96134