



CITY OF SONORA

APPLICATION TO CONDUCT BUSINESS INTERMITTENT OR NON-PROFIT VENDOR



APPLICANT (INDIVIDUAL) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MALE FEMALE

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

DATE OF BIRTH: _____ DRIVERS LIC # _____

DESCRIPTION OF VEHICLE(S) BEING USED: _____

VEHICLE LICENSE NUMBER(S): _____

CA STATE BOARD OF EQUALIZATION RESALE NUMBER: _____

IF OTHER THAN SELF EMPLOYED FOR THIS EVENT, LIST THE FOLLOWING

EMPLOYER/EVENT COORDINATOR/NON-PROFIT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ TYPE OF BUSINESS: _____

CA STATE BOARD OF EQUALIZATION RESALE NUMBER: _____

STATE EMPLOYER I.D.#: _____ FEDERAL EMPLOYER ID#: _____

COMPLETE DESCRIPTION REGARDING THE EVENT, GOODS, WARES, MERCHANDISE OR SERVICE

NAME OF EVENT: _____

APPLICANT INTENDS TO SELL: _____

LOCATION WHERE BUSINESS WILL BE TRANSACTED: _____

WRITTEN PERMISSION FROM PROPERTY OWNER MUST BE ATTACHED

DATES OF EVENT: _____ HOURS OF OPERATION: _____

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

Signature: _____ Dated: _____

OFFICE USE ONLY 303-04102-008 \$ _____ 303-02345-007 \$ _____ Intermittent Vendor Application.doc REV. 12/17

IRS EXEMPTION LETTER – NON-PROFIT INTERMITTENT VENDOR (Four consecutive days or less)

\$34.00 INDIVIDUAL INTERMITTENT VENDOR [\$30.00 + \$4.00 (SB-1186)] (Four consecutive days or less)

\$64.00 EVENT COORDINATOR [\$60.00 + \$4.00 (SB-1186)] (30 or less participants)

\$104.00 EVENT COORDINATOR [\$100.00 + \$4.00 (SB-1186)] (31 or more participants)

TRAVELING ENTERTAINMENT \$150.00 X _____ DAYS + \$4.00 (SB-1186) = \$ _____

PAYMENT

CASH

CHECK
