



The Union of Vietnamese Student Associations of Southern California


Tổng Hội Sinh Viên Việt Nam Miền Nam California

www.tetfestival.org · PO Box 2069, Westminster, CA 92684-2069 · Tel: 714.890.1418 · Fax: 714.890.1518

Tết Festival 2012

FOOD VENDOR CHECKLIST

This 10' x 12' booth is for selling any type of food, be it cooked or prepackaged, such as meats, noodles, salads, drinks, candies, desserts, and more.

- Vendor Application (signature)
- Vendor Contract (3 initials and signature)
- Vendor Description (1 initial and signature)
- Health Permit (must have signatures)
- Business Tax Application (DL#/SSN or FEIN and signature)
- Seller's Permit Application (SSN or FEIN and signature)
Or Special Events Certificate (DL#, Seller Permit #, and signature)
- Copy of Driver's License (must be legible) 
- Payment (check or money order to UVSA or credit card)

If you are selling items which are non-taxable such as phone cards or already have a California Seller's Permit, complete the Special Events Certificate. Otherwise, complete the Seller's Permit Application.

Please submit forms to our office at 12821 Western Ave Suite H, Garden Grove CA 92841. Please check our website for the latest office hours: www.tetfestival.org

Applications are not complete until payment is received. Credit card payments require valid email address as invoice is emailed through Google checkout. Invoice not paid within 48 hours are null and void.



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VENDOR APPLICATION

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ TITLE: _____

PHONE: _____ FAX: _____ EMAIL: _____

		PRICE	QUANTITY	TOTAL
BOOTH TYPE	EXHIBITION	\$500.00	_____	_____.
	EXHIBITION (CORNER)	\$1,000.00	_____	_____.
	GAME	\$600.00	_____	_____.
	GAME (CORNER)	\$1,000.00	_____	_____.
	COMMERCIAL	\$800.00	_____	_____.
	COMMERCIAL (CORNER)	\$1,200.00	_____	_____.
	FOOD	\$1,030.00	_____	_____.
	FOOD (CORNER)	\$1,530.00	_____	_____.
ADDITIONAL FEES	GARDEN GROVE TAX (ALL BOOTHS)	\$25.50	_____	_____.
	HEALTH PERMIT (PRE-PACKAGED)	\$56.00	_____	_____.
	HEALTH PERMIT (ALL OTHER)	\$108.00	_____	_____.
	WASTE (PER BOOTH; NON-FOOD)	\$75.00	_____	_____.
	WASTE (PER BOOTH; FOOD)	\$100.00	_____	_____.
	WASTE (PER BOOTH; SUGARCANE)	\$200.00	_____	_____.
	LOUD SPEAKER (80dB LIMIT)	\$100.00	_____	_____.
	LOUD SPEAKER (DEPOSIT)	\$400.00	_____	_____.
	501(c)3 (LIMIT 1 PER ORGANIZATION)	-\$100.00	_____	_____.
			TOTAL	_____.

- I would like to use the Festival provided booth.
- I will be bringing my own booth.
- I will be frying food at my booth

Vendor's Booth Preference #: _____

Vendor's actual booth location will be assigned by the Vendors Committee and such decision shall be final. Corner and non-corner types will remain unchanged. Vendor will know their final location the week of the festival. Festival provided booths vary between 10' x 10' x 6'h (non-food) and 12' x 10' x 6'h (food); however booth dimensions are not confirmed until the week of the festival. All booths have a canvas roof and back dividers. The booths are provided with one (1) light and one (1) electrical outlet within 25' distance. The booths have no floors, chairs, tables, or front security cover(s). You must supply security covers for any exposed sides if you plan on leaving your product overnight.

I, _____, have read and agree to the terms and conditions stated in this contract.

Vendor's Signature

Date

Festival Rep's Signature

Date



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Tết Festival 2012

VENDOR CONTRACT

I. Date, time, and location for the Tet Festival:

a. Date and time:

Friday, January 27, 2011 from 2:00PM to 10:00PM

Saturday, January 28, 2011 from 10:00AM to 10:00PM

Sunday, January 29, 2011 from 10:00AM to 9:00PM

b. Location:

Garden Grove Park, 9301 Westminster Blvd., Garden Grove, CA 92844

II. Refund:

a. Cancellation in writing within ten (10) days of contract execution date or December 11, 2011, whichever comes first – Full Refund.

b. Cancellation after December 11, 2011– No Refund.

III. Required Meeting:

a. All Vendors are required to attend a Vendor Meeting scheduled by UVSA. Only at the Vendor Meeting can Vendors pick up the tickets, parking permit, and information package.

IV. Liability and Regulations

a. UVSA shall not be responsible for any loss to Vendor due to natural causes or force majeure including, but not limited to, rain, thunder and lightning, and wind.

b. Vendor agrees to indemnify and hold harmless, UVSA, its officers and directors, agents, representatives, and employees from any and all claims, damages, losses and liabilities arising from Vendor's participation with the Festival.

c. UVSA assumes no responsibility for damaged or lost articles/booths/exhibits.

d. Vendor agrees to comply with all the regulations of the facility hosting the Festival and all federal, state, and municipal laws, including health and safety. Vendor agrees to be responsible for collection and reporting of sales tax as required by law. Vendor shall be responsible for obtaining all licenses, permits, health certificates or items required by governmental agencies in order that Vendor's booth/concession may be lawfully operated.

e. UVSA has full authority to stop Vendor from operating, without refund, should Vendor sell or promote products and/or services other than those stated in Vendor's application.

f. The following items are strictly prohibited from being sold, displayed, distributed, or used by Vendor:

i. Alcoholic Beverages and Illicit Drugs

ii. Cigarettes

iii. Firecrackers, Fireworks, or Similar Items

iv. Weapons and Firearms

v. Vulgar, Offensive, Sexually Explicit, or Obscene materials as judged by UVSA, and such judgment shall be final.

Vendor may be requested to remove a product or service displayed at the Festival at the sole discretion of UVSA if deemed unsuitable by UVSA, and such decision shall be final. Vendor agrees that UVSA shall not be liable for any damages or losses, pecuniary or otherwise, either foreseen or unforeseen, incurred by Vendor as a result of such action.

g. Vendor is prohibited from soliciting, selling, and promoting its products/services, including but not limited to, distributing fliers, greater than ten (10) feet around Vendor's booth.

h. All Vendors intending to use amplified sound shall pay an additional fee of \$100 and deposit of \$400 to UVSA. Said fee is intended for consumption of power required to run speakers and said deposit is intended for the purpose of enforcing compliance with UVSA's rules pertaining to the use of amplified sound. Vendors using amplified sound must place their sound systems within the rented booth space, and the sound level shall not exceed 80 decibels. Non-compliance with these rules pertaining to amplified sound, after the first warning, shall result in removal of Vendor's sound system from the Festival and forfeiture of the \$400 deposit. Vendors who comply with the stated rules pertaining to the use of amplified sound shall be refunded their \$400 deposit within sixty (60) days of the Festival's end date.

i. Vendor agrees to be held responsible for Vendor's (and Vendor's staff's) own actions within Festival grounds that may result in additional fines by the city, county, or other levels of government, ie. oil spills.

j. UVSA reserves the right to remove any Vendors from the Festival.

I, _____, have read and agree to the terms and conditions stated in this contract.

Vendor's Signature

Date

Festival Rep's Signature

Date



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Tết Festival 2012

VENDOR DESCRIPTION

PLEASE LIST ALL ITEMS YOU INTEND TO DISPLAY OR SELL. ITEMS NOT LISTED OR APPROVED BY THE VENDORS COMMITTEE MAY RESULT IN EXPULSION FROM THE FESTIVAL.

1. _____

9. _____

2. _____

10. _____

3. _____

11. _____

4. _____

12. _____

5. _____

13. _____

6. _____

14. _____

7. _____

15. _____

8. _____

16. _____

ALL VENDORS MUST FOLLOW ADDITIONAL REGULATIONS STATED BELOW. VIOLATION OF ANY LISTED REGULATIONS WILL RESULT IN THE EXPULSION FROM THE FESTIVAL WITHOUT REFUND OF FEES. WARNINGS ARE CONSIDERED COURTEOUS AND ARE NOT REQUIRED TO EXPEL ANY VENDOR.

1. Vendors may not remove any part of the booth without notifying the Vendors Committee.
2. Only designated Vendors may have amplified sound systems. The sound level may not exceed 80 decibels. The Vendors Committee will calibrate your system once each morning with a decibel meter. Each warning will result in a \$150 deduction from the Vendor's deposit. Failure to comply will result in the closure of the booth.
3. Food Vendors are prohibited from cutting the netting screen or any part of their booth. The Health Department requires a maximum of 2 holes per booth and also requires that the back cover of the booth be down at all times. Any violation of these restrictions will result in expulsion from the Festival.
4. Vendors are prohibited from displaying any type of promotional items outside of their booth. Vendors may not leave any of their promotional materials in area such as Food Court, public tables, etc. If the Vendor Committee finds any promotional item in restricted areas, Vendor will be warned. Vendor may only flier up to 10 feet away from their booth. The third offense will result in expulsion from the Festival.
5. Vendors are prohibited from overusing local power. Food booths are allowed 2 sockets, with a maximum of 1 surge protector per socket. All other booths are allowed 1 socket. Please notify the Vendor Committee if you require any special plug requests such as 220V or round plugs. Vendors are prohibited from connecting one surge protector to another. The third offense will result in expulsion from the Festival.
6. Vendors are prohibited to light any type of firecrackers/fireworks on the Festival grounds. There are no warnings and any offense will result in immediate expulsion from the Festival.
7. Vendors are prohibited from sharing or subletting any part of their booth space for any other business or sponsor.
8. There will be a VENDOR INFORMATION booth at the festival site to address all vendor questions and concerns. When submitting a problem ticket, please tell the committee a concise explanation of the problem, booth number, contact person, and contact phone number.
9. Food Vendors are required by law to have a fire extinguisher with a minimum 2-A:10-B:C rating.
10. UVSA booth will be provided for each vendor. If vendor would like to bring your own booth, please contact us ahead. In addition, the booth size needs to be 10' x 10' x 6'h (non-food) and 12' x 10' x 6'h (food)

I, _____, have read and agree to the terms and conditions stated in this contract.

Vendor's Signature

Date

Festival Rep's Signature

Date

**CITY OF GARDEN GROVE
BUSINESS TAX APPLICATION**

BUSINESS TAXES AS COMPUTED BELOW ARE DUE IMMEDIATELY ON EXPIRATION DATE. PLEASE COMPLETE THIS FORM AND SUBMIT WITH PAYMENT TO THE BUSINESS TAX OFFICE. PLEASE SEE REVERSE SIDE FOR CONDITIONS OF APPROVAL*, OR CLOSING YOUR BUSINESS*.

(If mailing address is not the same as business location, please write mailing address below)

MAILING ADDRESS

**FOR ASSISTANCE
CALL (714) 741-5074**

VALIDATION

OFFICE USE ONLY		
I.D.	[29]	
SIC	[30]	
N.N.	[31] EXPIRATION DATE	
1st PENALTY DATE		
ZONING CLEARANCE	YES	NO
BUILDING CLEARANCE	YES	NO

1 BUSINESS NAME (PLEASE PRINT)		2 OWNERSHIP CLASS	3 GARDEN GROVE START DATE
4 BUSINESS ADDRESS	5 SUITE/UNIT #	CITY	STATE [6] ZIP
11 BUSINESS DESCRIPTION	12 STATE RESALE NO.	13 BUS. PHONE NO.	
14 OWNER'S NAME LAST FIRST	(LIST ADDITIONAL OWNERS ON ATTACHED SHEETS)		23 HOME PHONE NO.
20 OWNER'S HOME ADDRESS	21 SUITE/UNIT #	CITY	STATE [22] ZIP
15 CA DRIVER'S LICENSE NO.	16 SOCIAL SECURITY #	10 FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	



(*ASTERISKED WORDS ARE DEFINED ON THE REVERSE SIDE OF THIS FORM.)

TAX COMPUTATION SECTION

STEP 1: ENTER GROSS RECEIPTS \$ _____

STEP 2: Use Chart Below for Computation of TAX DUE on Gross Receipts:
SPECIAL EVENT BOOTH

SPECIAL EVENT BOOTH

BOOTH NUMBER _____

ENTER NO. OF DAYS _____ X \$8.50 = \$ _____

****DISREGARD STEP 1*****

IF YOU ARE CLOSING YOUR BUSINESS IN GARDEN GROVE OR NO LONGER CONDUCTING BUSINESS IN THE CITY PLEASE CALL US AT (714) 741-5074 TO REQUEST A CLOSING BILL.

ANY PAYMENT MADE/POSTMARKED AFTER "1ST PENALTY DATE" MUST INCLUDE AN ADDL 10% PER MONTH OR ANY PORTION THEREOF.

IF YOU ARE CHANGING YOUR GARDEN GROVE LOCATION, CONTACT CITY HALL AT (714) 741-5074.

PLEASE COMPLETE APPLICATION IN FULL AND RETURN FORM SIGNED ALONG WITH YOUR PAYMENT IN FULL IN THE ENVELOPE PROVIDED.
PLEASE MAKE CHECKS PAYABLE TO "CITY OF GARDEN GROVE."

17 Number of Employees at Garden Grove location	_____
18 Number of SQ. FT. at Garden Grove location	_____

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

PLEASE SUBMIT SIGNED APPLICATION AND PAYMENT TO:

OWNER'S SIGNATURE _____ DATE _____

CITY OF GARDEN GROVE
P.O. BOX 3070, GARDEN GROVE, CA 92942
11222 ACACIA PKWY., GARDEN GROVE, CA 92940



Orange County Health Care Agency
Environmental Health Division
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
Telephone: (714) 433-6000
Fax: (714) 433-6423
Web Site: www.ocfoodinfo.com

TEMPORARY FOOD FACILITY OPERATION SPECIFICATIONS

Event Name: _____

Business Name: _____

Address: _____

Name: _____

Phone Number: _____

Following shall be completed by the operator of the temporary food facility. Check the box which best explains your operation. More than one answer may apply to a question. If a question does not apply to you, leave it blank.

1. Which one of the following best describes your operation during this event?

- No cooking; assembly only (Example: Sandwiches, Drinks)
- Single cooking step and assembly (Example: Burgers)
- Cooking, cooling, reheating, etc
- Properly pre-packaged potentially hazardous food (Perishable food)
- Properly packaged non- potentially hazardous food (Non-perishable food)
- Uncut, whole produce
- Other _____

2. How will food be transported and steps taken to prevent contamination of foods?

- Food is properly covered during transportation
- Cold/frozen food is maintained at or below 41°F during transportation
- Hot food is maintained at or above 135°F during transportation
- All food preparation takes place in an approved facility or inside the booth
- Food is obtained from approved sources and not obtained, prepared, and/or stored in private home
- Outdoor cooking equipment are protected from public access
- Only approved equipment and containers are used

3. Which one of the following describes your handwashing practices?

- One handwash sink with 100°F running water under pressure is provided inside the booth (Events over 3 days)
- Warm water in an insulated container with catch bucket is provided (Events less than 3 days)
- Cold water with a germicidal soap is provided (Prepackaged only)
- Single-service soap and paper towel dispenser is provided

4. How will cold potentially hazardous food be maintained at or below 41°F?

- Inside an approved electrical refrigeration unit
- Stored on ice, inside ice chest
- Displayed on top of ice
- Inside refrigerated cart/truck/trailer
- Inside insulated bag

5. How will hot potentially hazardous food be maintained at or above 135°F?

- Inside steam table
- Inside hot holding cabinet/unit/bag
- On top of cooking equipment

6. Where will food be stored when the facility is not in operation?

- Stored inside the booth protected from any type of contamination
- Returned to an approved food facility
- Leftovers are discarded at the end of the day
- Stored inside refrigerated trailer
- Other _____

7. What are the procedures for cleaning utensils and equipment?

- A three-compartment sink is provided inside the booth or
- A centrally located three-compartment sink exists within 100 feet of the booth (shared by no more than 4 booths) AND
- Hot water of 120°F and cold running water is provided at the sink
- Approved sanitizer such as chlorine is available in the sink
- Sanitizer test strips are provided

8. What are the procedures for cleaning structure and disposal of waste?

- Inside the booth is cleaned as needed during the event or at the end of each day
- Rubbish is picked up by the event staff or booth operators
- Approved and adequate trash dumpster is provided
- Waste water is properly disposed of

9. What type of material and methods are being used to construct the temporary food facility?

- A durable and readily cleanable floor surface such as concrete, asphalt, wood or tarp is provided
- The booth is fully enclosed
- Pass-through openings are a minimum of 432 square inches
- Minimum screening size of 16 mesh is used
- A canopy is provided over the common three-compartment sink
- Other _____

In the area below draw a diagram of the site plan for the food operation at this event. You may use additional paper or a separate pre-printed diagram and submit it with this form. (Include the proposed layout of equipment, food preparation tables, food storage, warewashing, and handwashing.)



Orange County Health Care Agency
 Environmental Health Division
 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
 Telephone: (714) 433-6000
 Fax: (714) 433-6423
 Web Site: www.ocfoodinfo.com

APPLICATION FOR HEALTH PERMIT

TEMPORARY FOOD FACILITY

This Section To Be Completed By Applicant- Please Print – Do Not Detach Operator Copy - Health Permits Are NOT Transferable

Name of Event:		Name of Event Coordinator:	Phone:
Event Location & Address:		City:	Zip:
Business Name:	Owner's Name (Authorized Representative):		Phone:
Business Address:		City:	Zip:
Cell Phone:	E-Mail Address:	Fax:	
Owner's Mailing Address:		City:	Zip:
Emergency Contact:		Emergency Phone:	

Nature of Business/Type of Food:

Operation Date(S): Operation Days: S M T W T F S All Days Operation Hours: ____Am/Pm To ____Am/Pm

Any Food Prepared Before The Event: Yes No If Yes, Provide Name And Address Of The Approved Facility:
 Name: _____
 Address: _____

I Hereby Make Application For A Health Permit And/Or Environmental Health Services

Signature:		Date:
Print Name:		Title:
Date of Birth:	Driver's License No:	Federal Tax ID:

For Office Use Only

SPECIALIST	Permit Approved By:	Date:
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Permit Valid Only For A Specific Time Period And Location

Operational Limitation(S): _____

Permit Number:	Type of Establishment/PE:	HSO Receipt Number:
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This Application Is For:
 Category I (Prepackaged Food and/or Produce, No Sampling)
 Category II (All Other Foods, Including Poured Beverages, Unpackaged Samples)
 Event Coordinator (Administrator, Organizer, Manager of Community Event)

Event Frequency: <input type="checkbox"/> Single <input type="checkbox"/> Recurring	Fee Amount:	<input type="checkbox"/> Fee Amount Paid <input type="checkbox"/> Fee Amount Unpaid
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This Permit Is Valid For: _____

Sampling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking Limitation:
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Operation Specifications Submitted: Yes No If no, date to be submitted: _____

Remarks: _____

SPECIFICATIONS

APPLICATION FOR SELLER'S PERMIT

1. PERMIT TYPE: (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		FOR BOE USE ONLY			
2. TYPE OF OWNERSHIP (check one) * Must provide partnership agreement		TAX	IND	OFFICE	PERMIT NUMBER
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Married Co-ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Unincorporated Business Trust <input type="checkbox"/> Limited Partnership (LP)* <input type="checkbox"/> Limited Liability Partnership (LLP)* <small>(Registered to practice law, accounting or architecture)</small> <input type="checkbox"/> Registered Domestic Partnership <input type="checkbox"/> Other (describe) _____		S			
		NAICS CODE	BUS CODE	A.C.C.	REPORTING BASIS
					TAX AREA CODE
		PROCESSED BY	PERMIT ISSUE DATE		RETURN TYPE
			___ / ___ / ___		<input type="checkbox"/> (1) 401-A <input type="checkbox"/> (2) 401-EZ VERIFICATION <input type="checkbox"/> DL <input type="checkbox"/> PA <input type="checkbox"/> Other
3. NAME OF SOLE OWNER, CORPORATION, LLC, PARTNERSHIP, OR TRUST			4. STATE OF INCORPORATION OR ORGANIZATION		
5. BUSINESS TRADE NAME/"DOING BUSINESS AS" [DBA] (if any)			6. DATE YOU WILL BEGIN BUSINESS ACTIVITIES (month, day, and year)		
7. CORPORATE, LLC, LLP OR LP NUMBER FROM CALIFORNIA SECRETARY OF STATE			8. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)		
CHECK ONE <input type="checkbox"/> Owner/Co-Owners <input type="checkbox"/> Partners <input type="checkbox"/> Registered Domestic Partners <input type="checkbox"/> Corp. Officers <input type="checkbox"/> LLC Officers/Managers/ Members <input type="checkbox"/> Trustees/Beneficiaries Use additional sheets to include information for more than three individuals.					
9. FULL NAME (first, middle, last)				10. TITLE	
11. SOCIAL SECURITY NUMBER (corporate officers excluded)			12. DRIVER LICENSE NUMBER (attach copy)		
13. HOME ADDRESS (street, city, state, zip code)				14. HOME TELEPHONE NUMBER ()	
15. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU		16. ADDRESS (street, city, state, zip code)		17. REFERENCE TELEPHONE NUMBER ()	
18. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER (first, middle, last)				19. TITLE	
20. SOCIAL SECURITY NUMBER (corporate officers excluded)			21. DRIVER LICENSE NUMBER (attach copy)		
22. HOME ADDRESS (street, city, state, zip code)				23. HOME TELEPHONE NUMBER ()	
24. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU		25. ADDRESS (street, city, state, zip code)		26. REFERENCE TELEPHONE NUMBER ()	
27. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER (first, middle, last)				28. TITLE	
29. SOCIAL SECURITY NUMBER (corporate officers excluded)			30. DRIVER LICENSE NUMBER (attach copy)		
31. HOME ADDRESS (street, city, state, zip code)				32. HOME TELEPHONE NUMBER ()	
33. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU		34. ADDRESS (street, city, state, zip code)		35. REFERENCE TELEPHONE NUMBER ()	
36. TYPE OF BUSINESS (check one that best describes your business) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Mfg. <input type="checkbox"/> Repair <input type="checkbox"/> Service <input type="checkbox"/> Construction Contractor <input type="checkbox"/> Leasing				37. NUMBER OF SELLING LOCATIONS <small>(if 2 or more, see Item No. 66)</small>	
38. WHAT ITEMS WILL YOU SELL?				39. CHECK ONE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
40. BUSINESS ADDRESS (street, city, state, zip code) [do not list P.O. Box or mailing service]				41. BUSINESS TELEPHONE NUMBER ()	
42. MAILING ADDRESS (street, city, state, zip code) [if different from business address]				43. BUSINESS FAX NUMBER ()	
44. BUSINESS EMAIL ADDRESS		45. BUSINESS WEBSITE ADDRESS WWW.		46. DO YOU MAKE INTERNET SALES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. NAME OF BUSINESS LANDLORD		48. LANDLORD ADDRESS (street, city, state, zip code)		49. LANDLORD TELEPHONE NUMBER ()	
50. PROJECTED MONTHLY GROSS SALES \$		51. PROJECTED MONTHLY TAXABLE SALES \$		52. ALCOHOLIC BEVERAGE CONTROL LICENSE NUMBER (if applicable) _____ - _____	
53. SELLING NEW TIRES AT RETAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No		54. SELLING COVERED ELECTRONIC DEVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No		55. SELLING TOBACCO AT RETAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(continued on reverse)

tear at perforation

56. NAME OF PERSON MAINTAINING YOUR RECORDS	57. ADDRESS (street, city, state, zip code)	58. TELEPHONE NUMBER ()
59. NAME OF BANK OR OTHER FINANCIAL INSTITUTION (note whether business or personal)		60. BANK BRANCH LOCATION
61. NAME OF MERCHANT CREDIT CARD PROCESSOR (if you accept credit cards)		62. MERCHANT CARD ACCOUNT NUMBER
63. NAMES OF MAJOR CALIFORNIA-BASED SUPPLIERS	64. ADDRESSES (street, city, state, zip code)	65. PRODUCTS PURCHASED

ADDITIONAL SELLING LOCATIONS (List All Other Selling Locations)

66. PHYSICAL LOCATION OR STREET ADDRESS (attach separate list, if required)

OWNERSHIP AND ORGANIZATIONAL CHANGES (Do Not Complete for Temporary Permits)

67. ARE YOU BUYING AN EXISTING BUSINESS?
 Yes No If yes, complete items 70 through 74.

68. ARE YOU CHANGING FROM ONE TYPE OF BUSINESS ORGANIZATION TO ANOTHER (FOR EXAMPLE, FROM A SOLE OWNER TO A CORPORATION OR FROM A PARTNERSHIP TO A LIMITED LIABILITY COMPANY, ETC.)?
 Yes No If yes, complete items 70 and 71.

69. OTHER OWNERSHIP CHANGES (please describe):

70. FORMER OWNER'S NAME	71. SELLER'S PERMIT NUMBER
72. PURCHASE PRICE \$	73. VALUE OF FIXTURES & EQUIPMENT \$
74. IF AN ESCROW COMPANY IS REQUESTING A TAX CLEARANCE ON YOUR BEHALF, PLEASE LIST THEIR NAME, ADDRESS, TELEPHONE NUMBER, AND THE ESCROW NUMBER	

TEMPORARY PERMIT EVENT INFORMATION

75. PERIOD OF SALES FROM: ___/___/___ THROUGH: ___/___/___	76. ESTIMATED EVENT SALES \$	77. SPACE RENTAL COST (if any) \$	78. ADMISSION CHARGED? <input type="checkbox"/> Yes <input type="checkbox"/> No
79. ORGANIZER OR PROMOTER OF EVENT (if any)		80. ADDRESS (street, city, state, zip code)	81. TELEPHONE NUMBER ()
82. ADDRESS OF EVENT (If more than one, use line 66, above. Attach separate list, if required.)			

CERTIFICATION

All Corporate Officers, LLC Managing Members, Partners, or Owners must sign below.

I am duly authorized to sign the application and certify that the statements made are correct to the best of my knowledge and belief.
 I also represent and acknowledge that the applicant will be engaged in or conduct business as a seller of tangible personal property.

NAME (typed or printed)	SIGNATURE	DATE
NAME (typed or printed)	SIGNATURE	DATE
NAME (typed or printed)	SIGNATURE	DATE

FOR BOE USE ONLY

SECURITY REVIEW	FORMS	PUBLICATIONS
<input type="checkbox"/> BOE-598 (\$ _____) or <input type="checkbox"/> BOE-1009	<input type="checkbox"/> BOE-8 <input type="checkbox"/> BOE-400-Y <input type="checkbox"/> BOE-162 <input type="checkbox"/> BOE-519 <input type="checkbox"/> BOE-467 <input type="checkbox"/> BOE-1241-D	<input type="checkbox"/> PUB 73 <input type="checkbox"/> PUB DE 44 _____ _____
REQUIRED BY _____ APPROVED BY _____	REGULATIONS	RETURNS
	<input type="checkbox"/> REG. 1668 <input type="checkbox"/> REG. 1698 <input type="checkbox"/> REG. 1700 <input type="checkbox"/> _____	_____ _____

**SWAP MEETS, FLEA MARKETS, OR
SPECIAL EVENTS CERTIFICATION**

People who sell merchandise in California are generally required to hold a seller's permit.

You **may not** sell at this event unless you have a seller's permit or are not required to hold a permit. You are required to have a permit if you are selling, even temporarily, new or handcrafted items or used items you purchased for the purpose of reselling to others. You are not required to hold a permit if you are only making "occasional" sales, selling products that are not taxable when sold at retail, or selling on behalf of a section 6015 retailer.

Seller's permits can be obtained at any local Board of Equalization office at no cost to you. To find a Board office near you, call our Information Center at 800-400-7115 or check our website at www.boe.ca.gov. Permit applications can also be found online at www.boe.ca.gov/sutax/sutprograms.htm. If you obtain a temporary seller's permit, the business address on your temporary permit should be the address of the temporary selling location and the mailing address should be your permanent place of business or residence.

Occasional and Nontaxable Sales - Occasional sellers are usually people who are not required to hold a seller's permit because they will not be making a series of qualifying sales. A person who has cleared their garage of used items *accumulated for their own use* and who sells *only* those items would usually qualify as an occasional seller, provided they make sales no more than twice in a 12-month period. Some sellers who make only nontaxable sales are also not required to hold seller's permits. Examples include sellers of fresh produce or other cold food products sold "to go." Please note, however, some food sales are taxable, including sales of food for consumption in places where admission is charged.

Section 6015 Retailers - Revenue and Taxation Code section 6015 relieves certain individuals of the requirement to obtain a seller's permit when: (1) the product supplier is a Board approved section 6015 retailer, (2) the product supplier reports and pays tax on the actual "retail selling price," (3) the individual is selling only those items purchased from the section 6015 retailer, and (4) the individual provides the name of the product supplier. Typical section 6015 retailers include multi-level marketing retailers that solicit sales through a network of individual salespeople/representatives (e.g., Avon, Tupperware).

Verification of a seller's status is required by law. Please complete all four sections of this form. Please print.

1. EVENT INFORMATION

EVENT NAME AND PLACE

EVENT DATE(S)

TABLE/BOOTH/LOCATION ID#

2. VENDOR/EXHIBITOR INFORMATION

OWNER'S NAME

MAILING ADDRESS (*street number or P.O. box*)(*city, state and zip code*)

TELEPHONE NUMBER

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DRIVER LICENSE NUMBER OR STATE ID NUMBER AND STATE

TYPE OF BUSINESS, DESCRIPTION OF ITEMS TO BE SOLD/DISPLAYED

3. STATUS — *Check appropriate boxes, and provide requested information*

- I hold a valid seller's permit. My number is: **S**
- No sales of tangible personal property are being made or solicited at this event.
- I am not required to hold a seller's permit because:
- My retail product sales are not subject to tax My sales are exempt occasional sales
- I sell on behalf of a section 6015 retailer _____

4. CERTIFICATION — *Partners/additional sellers, complete a separate copy of this form*

The above statements are certified to be correct to the best knowledge and belief of the undersigned.

NAME (*typed or printed*)

TITLE

SIGNATURE

DATE

