

SPECIAL EVENT LICENSE APPLICATION

City of Santa Fe: (505) 955-6551

RETURN TO OLD WEST EVENTS:

Fax to 480-779-9378; or email vendors@oldwestevents.com

ALL INFORMATION ON THIS FORM TO BE COMPLETED BY APPLICANT

| Applicant's Name: | | | _ Business Name: | | |
|---|--|---------------------|---------------------|------------------------|--|
| Mailing Address – Social Security #: | Street N/A | City | State | Zip | |
| Business Phone: _ | | Emergei | Emergency Phone: | | |
| Artist/Artisan 🗌 EventName —— | Food Mercha Old West Show & Auc | | sJune 2 | 1-23, 2024 | |
| IF YOU DO NOT HAVE | TS TAX NUMBER IS REQUI E A CRS GROSS RECEIPT 1 E CITY OF SANTA FE AT (50 | rax I.D. NUMBER , C | | | |
| Prior 2024 City Lice | ense 🗌 Yes 🗌 | No, If Yes, enter | License Number | | |
| *CRS I.D.# | | | _ | | |
| Contact Person: | | | Phone: | | |
| Title: | | | Date: | | |
| | | | FOR OFFICE USE ONLY | | |
| Signature: | | Contro | l#Am | nount | |
| | tax is a tax imposed by the persons engaged in busine | | ot # Da | te | |
| New Mexico for the | privilege of doing busines | | e# | FIN029B.P65 PAGE2-2/01 | |