

CITY OF NEWPORT BEACH

REVENUE DIVISION

100 CIVIC CENTER DR ● P.O. BOX 1768

NEWPORT BEACH, CA 92658-8915 (949) 644-3141 • RevenueHelp@newportbeachca.gov http://www.newportbeachca.gov/Revenue

SPECIAL EVENT TEMPORARY BUSINESS LICENSE TAX APPLICATION

OFFICE USE ONLY

BUSINESS NUMBER

LICENSE NUMBER

The event organizer and all businesses affiliated with a permitted Special Event in the City of Newport Beach are required to pay a Special Events Temporary Business License Tax.

The event organizer shall provide Revenue Division with a roster listing each vendor, exhibitor or other event service provider involved in its Special Event as part of its Special Events Permit Application. The event organizer shall collect the Special Events Temporary License tax from each vendor, exhibitor or other event service provider and remit the payments to the City prior to the event date. Should the organizer or participant in the event already hold a valid Newport Beach Business License Tax Certificate, the organizer is not required to collect or submit a tax payment for that particular participant. However, that participant must still be listed on the roster.

If the event organizer fails to provide the roster, each individual vendor, exhibitor or other event service provider may be required to pay the full amount of the apportioned business license tax rate.

Please complete the Special Events Temporary Business License roster and submit with the tax payment. If you require more information, please call 949-644-3141.

1. Event Name			
2. Location Address	acters		
		4. Email Address	
5. Event Organizer Mailing Addı	ress		
City, State, Zip:			
		8. End Date in Newport Beach	
9. Type of Event			
10. Event Organizer Contact Pe	rson		
		iders X \$25.00* = \$d from July 1, 2021, through June 30, 2022.	
12. State Mandate Fee *			\$ 4.00
13. TOTAL BALANCE DUE:		\$	
I hereby certify under penalty of p application is true and correct. I a		o make this statement and the information proving understood this application.	ided on this
Applicant's Signature	Date	Applicant's Name (Printed)	Title

The Division of the State Architects at www.dgs.ca.gov/dsa

The Department of Rehabilitation at www.dor.ca.gov/

The California commission on Disability Access at www.dgs.ca.gov/ccda

PLEASE PRINT CLEARLY IN **BLACK INK**. ILLEGIBLE APPLICATIONS WILL BE RETURNED.

GENDER DISCRIMINATION NOTIFICATION-AB 1607

California Civil Code §51.6 prohibits businesses from engaging in gender-based discrimination. A full notice of the business's legal obligations is available in English and other languages at https://www.dca.ca.gov/publications/ or by request from our office.

^{*} AB 1379 adds a mandated state fee of \$4 on any applicant for a business license or renewal to comply with federal and state disability laws. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

SPECIAL EVENTS TEMPORARY BUSINESS LICENSE ROSTER

Event:	Event Organizer Name:
Date of Event:	Event Organizer Phone #:
Event Location:	Event Organizer Email:

List all vendors, exhibitors, service providers, and trades affiliated with the Special Event. (Bands, DJ's, Coordinators, Photographers, Caterers, Security, Cleaning Crews, Party Rental, Bounce Houses, etc.) Please refer to back side for all vendors. Please use additional sheets if necessary.

SERVICE PROVIDERS	BUSINESS NAME	PHONE Incl. Area Code	CONTACT NAME	NB BUS LIC#
Announcer				
Bleachers				
Bounce House				
Caterers				
Contractors				
Coordinators				
Entertainers/Performers				
Equipment Rental				
Generator/Electrical				
Janitorial/Waste Disposal				
Mobile Ice Services				
Party Rentals				
Photographers/Video				
Portable Toilets				
Security				
Stages				
Tents/Canopies				
Timing Company				
Traffic Control				
Valet Parking				
Other				

SPECIAL EVENTS TEMPORARY BUSINESS LICENSE ROSTER (Continued)

VENDORS	BUSINESS NAME	PHONE Incl. Area Code	CONTACT NAME	RESALE CERTIFICATE # SELLERS PERMIT	NB BUS LIC#