



**CITY OF SANTA FE**

**SPECIAL EVENT LICENSE APPLICATION**

P.O. Box 909, Santa Fe, New Mexico 87504-0909

Phone: (505) 955-6551 or (505) 955-6575

**ALL INFORMATION ON THIS FORM TO BE COMPLETED BY APPLICANT**

Applicant's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Event Location Address: 201 W Marcy Street, Santa Fe NM 87501

Address City State Zip

Applicant's Mailing Address: \_\_\_\_\_

Address City State Zip

Number of Tents: n/a Number of Canopies: n/a sq. ft. of canopies: n/a

Artist/Artisan  Food  Merchandise  Special Event Sponsor

Event Name: Santa Fe Whole Bead Show Date(s): March 22-24, 2024

CRS GROSS RECEIPTS TAX NUMBER IS REQUIRED TO CONDUCT BUSINESS IN THE CITY OF SANTA FE

IF YOU DO NOT HAVE A CRS GROSS RECEIPT TAX I.D. NUMBER PLEASE CONTACT THE STATE OF NEW MEXICO TAXATION AND REVENUE DEPARTMENT AT: (505) 827-0951 OR THE CITY OF SANTA FE AT (505) 955-6551.

ALL EVENTS MUST UNDERGO A FIRE INSPECTION. In the event that you must schedule your fire inspection after normal business hours or over the weekend there is an additional fee of \$ 128.00 per hour.

Prior City License:  YES  NO. If yes enter License Number: \_\_\_\_\_

\*CRS I.D. # \_\_\_\_\_

VEHICLE VENDOR'S INTENDING TO SELL FOOD & BEVERAGES MUST ATTACH A COPY OF YOUR STATE OF NEW MEXICO ENVIRONMENT DEPARTMENT PERMIT TO OPERATE.

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

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*The gross receipts is a tax imposed by the State Of New Mexico on persons engaged in business In New Mexico for the privilege of doing business.

FOR OFFICE USE ONLY	
Receipt# _____	Amount: _____
License # _____	Date: _____