



CITY OF GARDEN GROVE
FINANCE DEPARTMENT – BUSINESS TAX
 11222 ACACIA PKWY GARDEN GROVE, CA 92840
 PO BOX 3070 GARDEN GROVE, CA 92842
 Phone (714) 741-5074 – www.ci.garden-grove.ca.us
BUSINESS TAX CERTIFICATE APPLICATION
FOR FIREWORKS STAND

DATE STAMP

1. BUSINESS INFORMATION

BT#: new

Name of Organization: CDA Slammers FC

Name of Main Organization if Application Organization is a Subordinate: _____

Firework Stand Location: _____

Business Address of Organization: 8501 Parkvalle Avenue - Cerritos - CA - 90703

Mailing Address of Organization: 8501 Parkvalle Avenue - Cerritos - CA - 90703

Federal Tax ID #: #81-0754864 Seller's Permit # _____

Federal Tax ID # of Main Organization if Applicant Organization is a Subordinate: _____

Officer's Name: Isaac Santos Cell Phone: 310-463-4125

Residence Address of Officer: 11822 Tunstall Street Garden Grove, CA 92845

Driver's License # [REDACTED] DOB: [REDACTED] Email: isanto72@gmail.com

Officer's Name: _____ Cell Phone: _____

Residence Address of Officer: _____

Driver's License # _____ DOB: _____ Email: _____

2. BUSINESS LICENSE COST OF FIREWORK STAND

	BASE TAX DUE	\$	EXEMPT
RENEWAL PROCESSING FEE IF PREVIOUSLY HAD A FIREWORK STAND	\$		10.00
OR NEW APPLICATION FEE IF NEVER HAD FIREWORK STAND	\$		25.00
STATE ADA FEE	\$		4.00
TOTAL DUE	\$	29.00	OR \$ 14.00

3. CONFIRMATION INFORMATION

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: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.ccda.ca.gov.

I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.

Signature Isaac Santos Date 5/20/2018

Printed Name Isaac Santos Title _____

4. BUSINESS INFORMATION

Exact Address of Firework Stand: _____

Tax ID # used for Tax Reporting: 81-0754864 Business Phone: _____

Location of Previous Year's Firework Stand: _____

Is applicant registered non-profit organization? Yes No

Is applicant in possession of a 501(c) 3 Determination Letter from the IRS? Yes No

BUSINESS TAX CERTIFICATE APPLICATION CONTINUED

5. RESPONSIBLE PARTY AND PRINCIPAL OFFICERS

(List all persons responsible for operating stand)

Name of Responsible Person for Firework Stand: Isaac Santos

Name of Responsible Person for Firework Stand: George Medina

Name of Responsible Person for Firework Stand: Dpug Nichols

(List all of the Applicant Organization's Principal Officer's Names and Cell Phone Numbers)

Officer's Name Isaac Santos Cell Phone: 310-463-4125

Officer's Name George Medina Cell Phone: -714-2212 714) 227-2212

Officer's Name _____ Cell Phone: _____

Officer's Name _____ Cell Phone: _____

6. APPEAL AND/OR SOLICIT INFORMATION

Purpose of Fundraising: Raise money for soccer tournament outside of the United States

Amount of Funds Projected to be raised: \$20,000

State, in detail, how Applicant Organization benefits the Garden Grove Community: _____

There are multiple families that live in the Garden Grove area and most of them are not able to afford to travel outside the United States. This will give a player the opportunity of a lifetime.

List three methods of how funds raised by the retail sales of fireworks will be used:

1. Airfare outside of the US for 18 players and 2 coaches

2. Hotel accomodations outside the US for 18 players and 2 coaches

3. Travel expenses

SIGNATURE OF OWNER, OFFICER, OR RESPONSIBLE PARTY:
I DECLARE UNDER PENALTY OF PERJURY THAT ALL THE STATEMENTS I HAVE MADE AND INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT OR INFORMATION WILL BE CAUSE FOR DENIAL OF APPLICATION. I ALSO UNDERSTAND THAT ALL RULES, REGULATIONS, STATE AND LOCAL LAWS MUST BE ABIDED BY, OR I RISK REVOCATION OF ISSUED PERMIT AND JEPORADIZE THE ISSUANCE OF ANY FUTURE PERMITS.

Signature: Isaac Santos Date: 5/20/2018

Printed Name: Isaac Santos Date: 5/20/2018