



**FIESTA FELA 2017**  
**ARTISTS AND VENDORS REGISTRATION**  
**FORM**

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_

EMAIL\_\_\_\_\_PHONE\_\_\_\_\_

CATEGORY:

1) ARTIST GENRE\_\_\_\_\_

COUNTRY OF ORIGIN\_\_\_\_\_

2) VENDOR TYPE\_\_\_\_\_

COUNTRY OF ORIGIN\_\_\_\_\_

The fee for Vending at FIESTA FELA is \$125.00. This includes your city vending permit.

Artists will donate a piece to as support for the work Afreeka Santa fe does tom keep the arts alive through Fiesta Fela.

Print, fill and mail forms to AFREEKA SANTA FE, 1110 CAMINO CONSUELO, SANTA FE. NM 87507, together with your registration fee.

Signature\_\_\_\_\_Date\_\_\_\_\_

# City of Santa Fe

## SPECIAL EVENT LICENSE APPLICATION

*Vendor*

(505) 955-6551 FAX (505) 955-6401

ALL INFORMATION ON THIS FORM TO BE COMPLETED BY APPLICANT

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

Mailing Address \_\_\_\_\_

Social Security #: N/A <sup>Street</sup> \_\_\_\_\_ <sup>City</sup> \_\_\_\_\_ <sup>State</sup> \_\_\_\_\_ <sup>Zip</sup> \_\_\_\_\_

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Artist/Artisan  Food  Merchandise

Event Name \_\_\_\_\_ Dates \_\_\_\_\_

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, CONTACT TAXATION AND REVENUE AT (505) 827-0951 OR THE CITY OF SANTA FE AT (505) 955-6551.

BY SIGNING THIS APPLICATION YOU AGREE TO FILE AND PAY APPLICABLE GROSS RECEIPTS TAXES ON RECEIPTS FROM THE SPECIAL EVENTS YOU PARTICIPATE IN WITH THE CITY OF SANTA FE PURSUANT TO §23-5.2 (L) PLAZA USES; EVENTS; ALLOWED USES.

Prior City License  Yes  No, If Yes, enter License Number \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Control # \_\_\_\_\_ Amount \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date \_\_\_\_\_  
License # \_\_\_\_\_