

APPLICATION FOR EXEMPTION FROM MUNICIPAL CODE 5.04

Name & Title of Applicant:				
Name of Organization:				
Address of Organization:				
Mailing Address:				
Office Phone: ()		Contact Phone: ()	
Partnership/Corporation Tax #	E	Employer I.D. #		
E-mail Address:				
Nature of Business or activity to tak	e place in San Bernardino: _			
Location or Locations where the afo	prementioned activities are to	take place:		
Does any other organization, person partner?		_	f the business or ac	tivity either as a supplier or
Will the proceeds of the business or	activity be used strictly for t	he lawful purposes of	your organization?	
Please Circle: YES	NO			
Names and home addresses of at lea				
Please enclose a copy of the current				
☐ Federal Exemption 501(c)(3)	IRS (800)829-3676	☐ Articles of Inco	rporation Secretary	of State (213)897-3062
☐ State of California Exemption	Franchise (800) 852-5711	☐ Other, Explain:		
SIGNATURE OF ORGANIZATI	ON REPRESENTATIVE:			
Date of Application/		Date of	f Receipt:	/ /
NOTE: It shall be unlawful for to San Bernardino which violates the sale of or accepting donations public right-of-ways or from any to the sale of the	any Municipal Code Provi for any tangible items(s) v	ision. An example of i when this operation is	illegal activity incl	udes, but is not limited to,
Please use back of application if spa	ice is insufficient to complete	e answers.		
Form: Exemption Application #000209				
For Office Use Only: Expiration Date:	Amount: \$	Check #:	Date:	By: