



CITY OF DELANO
CHARITABLE CAR WASH APPLICATION
1015 11th Ave Delano, CA 93215

Permit is valid for one days period and shall take place between the hours of 8a.m. and 6p.m.
Application needs to be turned in 5 business days prior to the actual car wash.
*Permit fee: \$5.00 **NON-REFUNDABLE***

Date: _____

Name of Applicant/ Organization: _____

Permanent Address: _____
CITY STATE ZIP CODE

Phone #: _____ Alternate #: _____

Applicant must provide proof of non-profit or charitable organization status. Pursuant to section 6.56.010 of Ordinance No. 983

Person In charge: _____
NAME ADDRESS

Driver license#: _____ Social Security # _____ D.O.B: _____

Relationship to Organization: _____ Member _____ Student _____ Officer _____ other

Person in charge must provide a list of the people participating in the car wash and attach it to application.

Date of Car Wash: _____

Location of Car Wash: _____

Starting Time: _____ Ending Time: _____

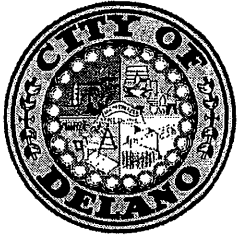
Purpose of Car Wash: _____

Method of Operation and Advertising (please explain in detail) _____

Statement:

*I will not misrepresent my organization. I will not in any way indicate that the City of Delano has endorsed my organization. I understand than any permits issued to me are **NON-TRANSFERABLE AND NON-REFUNDABLE.***

Signature



For Business Location Approval:

Date: _____

Business Name: _____

Business Location: _____

Business Manager: _____

Business Manager's Signature

*Business Regional Manager: _____

Business Regional Managers Signature

**If required by business only.*

Additional Comments:

FOR OFFICE ONLY:

APPROVED: YES _____ ***NO*** _____ ***Date:*** _____

APPROVED BY: _____

SIC CODE: _____



CITY OF DELANO
BUSINESS TAXES
REQUEST FOR EXEMPTION
1015 11th Ave Delano, CA 93215

Business Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Type of Business: _____

Organization: Individual _____ Partnership _____ Corporation _____ Other _____

Pursuant to Section 7 of Ordinance No. 659, I hereby claim exemption from the business tax imposed by the City of Delano. The above named business qualifies for exemption because it is:

() a. Exempt by virtue of the Constitution or applicable U.S. or California statutes.

Explain: _____

() b. Exempt as a non-profit or charitable organization. Attach a copy of current IRS or FTB exemption letter, or other proof of non-taxable status.

() c. Exempt as a part-time occupation, owned and operated, conducted or carried on by a natural person under the age of eighteen (18) years, or sixty-five (65) years of age or older.

Past year gross receipts: _____

Estimated current year gross receipts: _____

Number of Employees: _____

Owner-operator's date of birth: _____

I understand that a determination will be made on this request and the outcome sent to me in writing. If I still am not satisfied with the determination, I have the right to appeal to the City Council for a public hearing on the matter. The City Council's decision will be final.

I Hereby Certify, under penalty of perjury, that the foregoing statement is true and complete, to the best of my knowledge or belief.

Signature

Date