City of Hayward
777 B Street
Hayward, CA 94541-5007
(510) 583-4600
TDD (510) 247-3340

I.D. # _____

VALID
THROUGH_____

AFFIDAVIT

FOR EXEMPTION FROM PAYMENT
OF
BUSINESS LICENSE FEE

PLEASE PRINT OR TYPE

DATE: _____ DATE(S) OF EVENT: _____

NAME OF ORGANIZATION:_____ PHONE:

MAILING ADDRESS:_____
ADDRESS & STREET City of Hayward STATE ZIP

NATURE OR TYPE OF EVENT:_____ _____

LOCATION OF EVENT:_____

HOURS OF EVENT:_____ # OF PERSONS ATTENDING:_____ ___

GIVE REASON FOR CLAIM FOR EXEMPTION (i.e.: Non-profit church organization, non-profit social club, non-profit fundraiser, etc.)

_____

_____

_____

I certify under penalty of perjury that information provided on this form is true and correct. I understand the acceptance of this form by the city, and the issuance of an **Exempt Business Tax Receipt** does not entitle me or the organization on behalf of which I have signed the **Affidavit** to carry on any activity unless that organization complies with all applicable laws.

_____
Signature Print Name Print Position with Organization

APPROVED: _____
POLICE DEPARTMENT
ABC PERMIT OK'D _____ _____
YES **NO**
DATE: _____

APPROVED: _____
PLANNING/ZONING
APPROVED: _____
FIRE DEPARTMENT
DATE: _____

DATE EXEMPTION ISSUED:_____

APPROVED: _____
REVENUE MANAGER

EXEMPT BUSINESS TAX RECEIPT