



CITY OF SANTA BARBARA

Finance Dept B/L

APPLICATION for RECREATION DEPARTMENT INDEPENDENT CONTRACTOR

Date of Application: _____

New

Renewal

Applicant's Name:

Address (include street, city, and zip code):

Mailing Address (if different from above):

Telephone Number:

Social Security Number:

Program or Activity:

Term of Contract. From:

To:

Note: Please include your Social Security Number and correct address. Failure to provide this information could result in delays in receiving your paycheck and year-end tax form 1099. ALSO, if your contract is terminated or cancelled, it is your responsibility to call the Finance Department at 564-5341 to close your independent contractor's business license. Penalties are assessed the first day after the license expires.

I hereby certify, under penalty of perjury, the information reported on this form is true and complete, to the best of my knowledge.

Applicant Signature

Date

Fee Schedule:

Under \$1,200.00 gross, pay \$ 6.00
From \$1,201.00 to \$20,000.00 pay \$26.00

Amount to be Paid: _____

Make check payable to "City of Santa Barbara"

**Mail this form and payment to: City of Santa Barbara, Finance/Licenses and Permits,
P.O. Box 1990, Santa Barbara, CA 93102**