

**CERTIFICATE OF PERMIT
CONCESSIONAIRES**

Regulation 1699

I certify that I operate an independent business at the premises of the following retailer and that I hold a valid seller's permit to operate at this location, as noted below. I further understand that I will be solely responsible for reporting all sales that I make on those premises and remitting all applicable sales and use taxes due to the Board of Equalization:

NAME OF RETAILER ON WHOSE PREMISES I OPERATE MY BUSINESS

LOCATION OF PREMISES

I hereby certify that the foregoing information is accurate and true to the best of my knowledge:

CERTIFIER'S SIGNATURE

DATE

CERTIFIER'S PRINTED NAME

CERTIFIER'S SELLER'S PERMIT NUMBER

CERTIFIER'S BUSINESS NAME AND ADDRESS*

CERTIFIER'S TELEPHONE NUMBER

* *PLEASE NOTE:* The certifier *must* be registered to do business at the location of the retailer upon whose premises he or she is making retail sales.