



City of National City ■ Neighborhood Services Department  
1243 National City Boulevard ■ National City, CA 91950  
(619) 336-4364 ■ fax (619) 336-4217  
www.nationalcityca.gov

## Special Event Application

### Type of Event

- Fair/Festival     Parade/March     Walk or Run     Concert/Performance  
 TUP     Sporting Event     Other (specify) \_\_\_\_\_

### Event Name & Location

Event Title San Diego Granfondo bike ride  
Event Location (list all sites being requested) use of city streets

### Event Times

Set-Up Starts  
Date 4/21/2024 Time 5:00 AM Day of Week Sunday

Event Starts  
Date 4/21/2024 Time 7:30 AM Day of Week Sunday

Event Ends  
Date 4/21/2024 Time 5:00 PM Day of Week Sunday

Breakdown Ends  
Date 4/21/2024 Time 5:00 PM Day of Week Sunday

### Applicant Information

Applicant (Your name) Tobias Panek Sponsoring Organization Life Sports Foundation

Event Coordinator (if different from applicant) \_\_\_\_\_

Mailing Address PO box 1210, Poway CA 92074

Day Phone 858-255-9709 After Hours Phone \_\_\_\_\_ Cell 858-255-9709 Fax \_\_\_\_\_

Public Information Phone 858-255-9709 E-mail tobias@gftours.com

Applicant agrees to investigate, defend, indemnify and hold harmless the City, its officers, employees and agents from and against any and all loss, damage, liability, claims, demands, detriments, costs, charges, expense (including attorney's fees) and causes of action of any character which the City, its officers, employees and agents may incur, sustain or be subjected to on account of loss or damage to property or the loss of use thereof and for bodily injury to or death of any persons (including but not limited to the employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected to the occupancy, enjoyment and use of any City premises under this agreement to the extent permitted by law.

Applicant understands this TUP/special event may implicate fees for City services, which will have to be paid in the City's Finance Department 48 hours prior to the event set-up. The undersigned also understands and accepts the City's refund policy for application processing and facility use and that fees and charges are adjusted annually and are subject to change.

Signature of Applicant: \_\_\_\_\_ Date 12/19/2023

## Special Event Application (continued)

Please complete the following sections with as much detail as possible since fees and requirements are based on the information you provide us.

### Fees/Proceeds/Reporting

Is your organization a "Tax Exempt, nonprofit" organization? Yes  No

Are admission, entry, vendor or participant fees required? Yes  No

If YES, please explain the purpose and provide amount (s):

Fundraiser for Life Sports Foundation

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\$ Estimated Gross Receipts including ticket, product and sponsorship sales from this event.

\$ 90K Estimated Expenses for this event.

\$ 10K What is the projected amount of revenue that the Nonprofit Organization will receive as a result of this event?

### Description of Event

First time event  Returning Event  include site map with application

Note that this description may be published in our City Public Special Events Calendar:

14th annual San Diego Granfondo bike ride through National City, Chula Vista and San Diego

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### Estimated Attendance

Anticipated # of Participants: 1000 Anticipated # of Spectators: 0

**Traffic Control, Security, First Aid and Accessibility**

Requesting to close street(s) to vehicular traffic? Yes  No

List any streets requiring closure as a result of the event (provide map): \_\_\_\_\_

Date and time of street closure: \_\_\_\_\_ Date and time of street reopening: \_\_\_\_\_

Other (explain) \_\_\_\_\_

Requesting to post "no parking" notices? Yes  No

Requested "No Parking" on city streets and/or parking lots (list streets/parking lots) (provide map):

Other (explain) \_\_\_\_\_

**Security and Crowd Control**

Depending on the number of participants, your event may require Police services.

Please describe your procedures for both Crowd Control and Internal Security: \_\_\_\_\_

Have you hired Professional Security to handle security arrangements for this event?

Yes  No  If YES, name and address of Security Organization \_\_\_\_\_

Security Director (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

If using the services of a professional security firm and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission. .

Is this a night event? Yes  No  If YES, please state how the event and surrounding area will be illuminated to ensure safety of the participants and spectators: \_\_\_\_\_

**First Aid**

Depending on the number of participants, your event may require specific First Aid services. First aid station to be staffed by event staff? Yes  No  First aid/CPR certified? Yes  No

First aid station to be staffed by professional company. ▶ Company AMR

If using the services of a professional medical organization/company and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission.

**Accessibility**

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

Individuals with disabilities have their own bikes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Elements of your Event**

Setting up a stage? Yes  No

Requesting City's PA system

Requesting City Stage; if yes, which size?  Dimensions (13x28)  Dimensions (20x28)

Applicant providing own stage ▶ \_\_\_\_\_(Dimensions)

**Setting up canopies or tents?**

\_\_\_\_\_ # of canopies size \_\_\_\_\_

\_\_\_\_\_ # of tents size \_\_\_\_\_

No canopies/tents being set up

**Setting up tables and chairs?**

Furnished by Applicant or Contractor

\_\_\_\_\_ # of tables       No tables being set up

\_\_\_\_\_ # of chairs       No chairs being set up

(For City Use Only) Sponsored Events -- Does not apply to co-sponsored events

\_\_\_\_\_ # of tables       No tables being set up

\_\_\_\_\_ # of chairs       No chairs being set up

Contractor Name \_\_\_\_\_

Contractor Contact Information \_\_\_\_\_  
Address City/State Phone Number

**Setting up other equipment?**

Sporting Equipment (explain) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Not setting up any equipment listed above at event

Having amplified sound and/or music? Yes  No

PA System for announcements       CD player or DJ music

Live Music    ▶  Small 4-5 piece live band    ▶  Large 6+ piece live band

Other (explain) \_\_\_\_\_

If using live music or a DJ. ▶ Contractor Name \_\_\_\_\_

▶ \_\_\_\_\_  
Address City/State Phone Number

Using lighting equipment at your event? Yes  No

Bringing in own lighting equipment

Using professional lighting company ▶ Company Name \_\_\_\_\_

Address

City/State

Phone Number

Using electrical power? Yes  No

Using Kimball Park Bowl Lighting (from \_\_\_\_\_ to \_\_\_\_\_)

Using on-site electricity  For sound and/or lighting

For food and/or refrigeration

Bringing in generator(s)  For sound and/or lighting

For food and/or refrigeration

### Vendor Information

**PLEASE NOTE: You may be required to apply for a temporary health permit if food or beverages are sold or given away during your special event. Also see 'Permits and Compliance' on page 8 in the Special Event Guide. For additional information on obtaining a temporary health permit, please contact the County of San Diego Environmental Health at (619) 338-2363.**

Having food and non-alcoholic beverages at your event? Yes  No

Vendors preparing food on-site ▶ # \_\_\_\_\_ ▶ Business License # \_\_\_\_\_

If yes, please describe how food will be served and/or prepared: \_\_\_\_\_

If you intend to cook food in the event area please specify the method:

GAS  ELECTRIC  CHARCOAL  OTHER (Specify): \_\_\_\_\_

Vendors bringing pre-packaged food ▶ # \_\_\_\_\_ ▶ Business License # \_\_\_\_\_

Vendors bringing bottled, non-alcoholic beverages (i.e., bottled water, can soda, etc.) ▶ # \_\_\_\_\_

Vendors selling food # \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

Vendors selling merchandise # \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

Food/beverages to be handled by organization; no outside vendors

Vendors selling services # \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

▶ Explain services \_\_\_\_\_

Vendors passing out information only (no business license needed) # \_\_\_\_\_

▶ Explain type(s) of information \_\_\_\_\_

No selling or informational vendors at event

Having children activities? Yes  No

**PLEASE NOTE:** In the event inflatable jumps are provided at the event, The City of National City requires commercial liability insurance with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. The application should be filed out at least one week prior to the event. For questions or to obtain a copy of the "Facility Use Application", please contact the Engineering/Public Works Department at (619) 336-4580.

Inflatable bouncer house # \_\_\_\_\_  Rock climbing wall Height \_\_\_\_\_

Inflatable bouncer slide # \_\_\_\_\_  Arts & crafts (i.e., craft making, face painting, etc.)

Carnival Rides \_\_\_\_\_  Other \_\_\_\_\_

Having fireworks or aerial display? Yes  No

Vendor name and license # \_\_\_\_\_

Dimensions \_\_\_\_\_ Duration \_\_\_\_\_

Number of shells \_\_\_\_\_ Max. size \_\_\_\_\_

**PLEASE NOTE:** In the event fireworks or another aerial display is planned for your event, The City of National City requires commercial liability insurance with limits of at least \$2 Million dollars per occurrence/ \$4 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. Depending on the size and/or nature of the fireworks display, the City reserves the right to request higher liability limits. The vendor must also obtain a fireworks permit from the National City Fire Department and the cost is \$545.00

Arranging for media coverage? Yes  No

Yes, but media will not require special set-up

Yes, media will require special set-up. Describe \_\_\_\_\_

**Event Signage**

PLEASE NOTE: For City sponsored or co-sponsored events, banners publicizing the event may be placed on the existing poles on the 1800 block and 3100 block of National City Boulevard. The banners must be made to the City's specifications. Please refer to the City's Special Event Guidebook and Fee Schedule for additional information.

Are you planning to have signage at your event? Yes  No

Yes, we will post signage # \_\_\_\_\_ Dimensions \_\_\_\_\_

Yes, having inflatable signage # \_\_\_\_\_ ▶ (complete Inflatable Signage Request form)

Yes, we will have banners # \_\_\_\_\_

What will signs/banners say? \_\_\_\_\_

How will signs/banners be anchored or mounted? \_\_\_\_\_

Location of banners/signage \_\_\_\_\_

**Waste Management**

PLEASE NOTE: One toilet for every 250 people is required, unless the applicant can show that there are sufficient facilities in the immediate area available to the public during the event.

Are you planning to provide portable restrooms at the event? Yes  No

If yes, please identify the following:

▶ Total number of portable toilets: \_\_\_\_\_

▶ Total number of ADA accessible portable toilets: \_\_\_\_\_

Contracting with portable toilet vendor. ▶ \_\_\_\_\_  
Company Phone

▶ Load-in Day & Time \_\_\_\_\_ ▶ Load-out Day & Time \_\_\_\_\_

Portable toilets to be serviced. ▶ Time \_\_\_\_\_

**Set-up, Breakdown, Clean-up**

Setting up the day before the event?

Yes, will set up the day before the event. ▶ # of set-up day(s) \_\_\_\_\_

No, set-up will occur on the event day

Requesting vehicle access onto the turf?

Yes, requesting access onto turf for set-up and breakdown (complete attached Vehicle Access Request form)

No, vehicles will load/unload from nearby street or parking lot.



**NPDES-Litter Fence**

- City to install litter fence
- Applicant to install litter fence
- N/A

**Breaking down set-up the day after the event?**

- Yes, breakdown will be the day after the event. ▶ # of breakdown day(s) \_\_\_\_\_
- No, breakdown will occur on the event day.

**How are you handling clean-up?**

- Using City crews
- Using volunteer clean-up crew during and after event.
- Using professional cleaning company during and after event.

**Miscellaneous**

Please list anything important about your event not already asked on this application:

We request 1 officer at 8th st and Harbor dr to help cyclists making the left hand turn onto

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8th st from 7:00 AM - 9:00 AM

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**Please make a copy of this application for your records.  
We do not provide copies.**



# Special Events

## Pre-Event Storm Water Compliance Checklist

### I. Special Event Information

Name of Special Event: <u>San Diego Granfondo</u>	
Event Address: <u>PO Box 1210, Poway CA 92074</u>	Expected # of Attendees: <u>1000</u>
Event Host/Coordinator: <u>KOZ Events</u>	Phone Number: <u>858-255-9709</u>

### II. Storm Water Best Management Practices (BMPs) Review

	YES	NO	N/A
Will enough trash cans provided for the event? Provide number of trash bins: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will enough recycling bins provided for the event? Provide number of recycle bins: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will all portable toilets have secondary containment trays? (exceptions for ADA compliant portable toilets)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do all storm drains have screens to temporarily protect trash and debris from entering?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are spill cleanup kits readily available at designated spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* A Post-Event Storm Water Compliance Checklist will be completed by City Staff.

# City of National City

## PUBLIC PROPERTY USE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Persons requesting use of City property, facilities or personnel are required to provide a minimum of \$1,000,000 combined single limit insurance for bodily injury and property damage which includes the City, its officials, agents and employees named as additional insured and to sign the Hold Harmless Agreement. Certificate of insurance must be attached to this permit. The insurance company issuing the insurance policy must have a A.M. Best's Guide Rating of A:VII and that the insurance company is a California admitted company; if not, then the insurance policy to the issuance of the permit for the event. The Certificate Holder must reflect:

City of National City  
Risk Management Department  
1243 National City Boulevard  
National City, CA 91950

Organization: Life Sports Foundation

Person in Charge of Activity: Tobias Panek

Address: PO Box 1210, Poway CA 92074

Telephone: 858-255-9709 Date(s) of Use: 4/21/2024

## HOLD HARMLESS AGREEMENT

As a condition of the issuance of a temporary use permit to conduct its activities on public or private property, the undersigned hereby agree(s) to defend, indemnify and hold harmless the City of National City and the Parking Authority and its officers, employees and agents from and against any and all claims, demands, costs, losses, liability or, for any personal injury, death or property damage, or both, or any litigation and other liability, including attorney's fees and the costs of litigation, arising out of or related to the use of public property or the activity taken under the permit by the permittee or its agents, employees or contractors.

Signature of Applicant:  \_\_\_\_\_

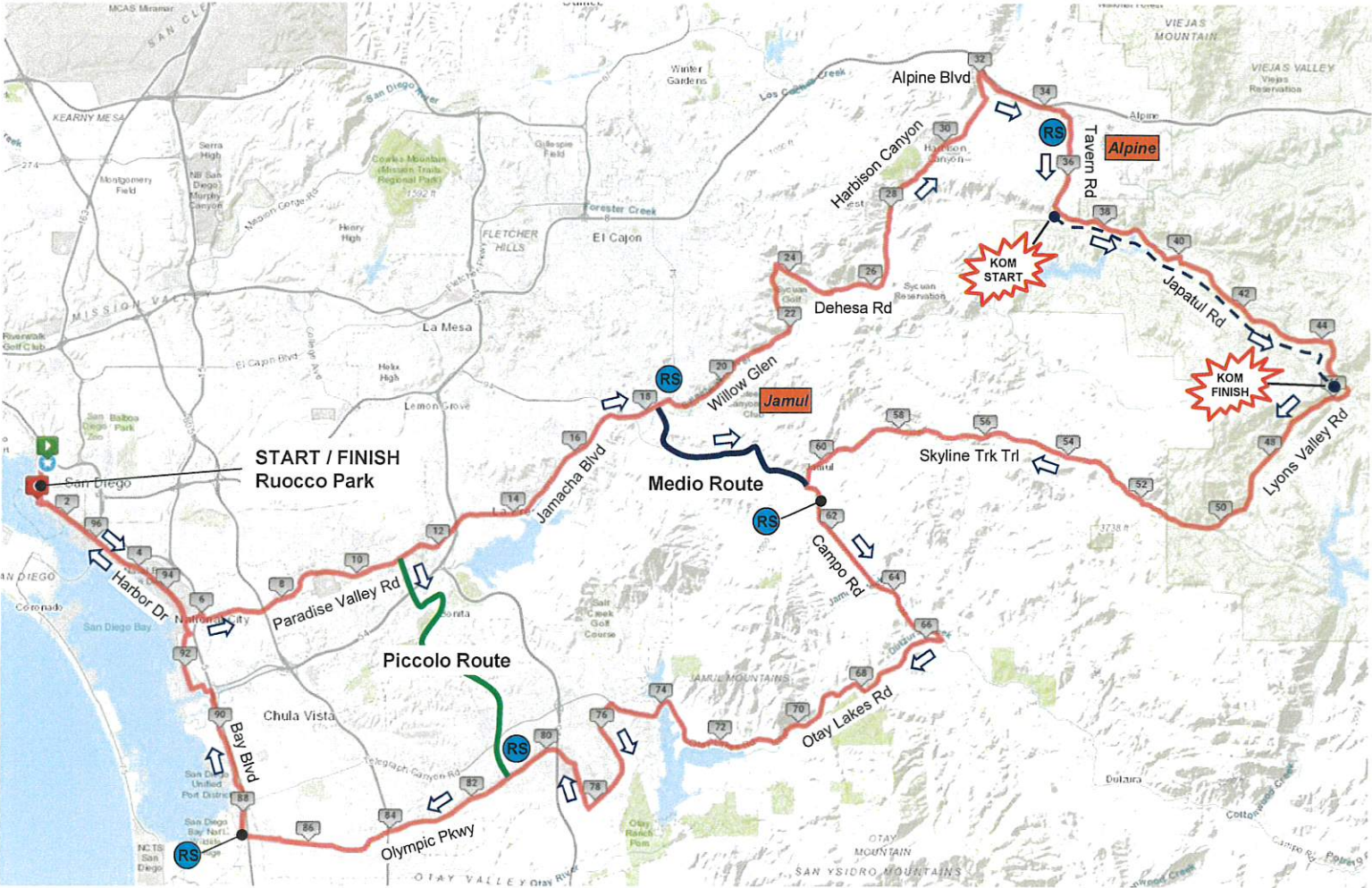
Official Title: President, KOZ Events Date: 12/19/2023

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*For Office Use Only*

Certificate of Insurance Approved \_\_\_\_\_ Date \_\_\_\_\_

# Route Map



GRANFONDO SAN DIEGO  
Permit Timeline

Saturday

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6:00 AM Expo set-up in Ruocco Park, close parking lots  
Set-up bike racks, finish line truss, place out

10:00 AM Registration Opens / Expo Opens

4:00 PM EXPO closes

5:00 PM Security Arrives

Sunday

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4:00 AM Finish line set-up  
Place Tapper at G st. Push S/B traffic into median lane

5:00 AM Registration Opens

7:00 AM Opening remarks, event rules, cautions

**Ride Start**

7:30 AM Gran Fondo 105 mi

8:00 AM Medio Fondo 60 mi

8:30 AM Piccollo Fondo 34 mi

8:45 AM Donut ride 20 mi

5:30 PM Course Closes

# Campagnolo GranFondo San Diego

## Gran Fondo Cue Sheet

0 mi	Start at Ruocco Park
5.6 mi	Turn left onto W 8th St
6.0 mi	Turn right onto Roosevelt Ave
6.2 mi	Turn left onto W Plaza Blvd
8.6 mi	Straight onto Paradise Valley Rd
12.7 mi	Continue onto Jamacha Blvd
17.2 mi	Turn right onto 94
17.7 mi	Continue straight onto Jamacha ( <b>rest stop on Right</b> )
18.6 mi	Turn right onto Willow Glen Dr
23.6 mi	Turn right onto Dehesa Rd
26.8 mi	Continue straight onto Harbison Canyon Rd
31.4 mi	Turn left onto Arnold Way
32.2 mi	Turn right onto Alpine Blvd
34.4 mi	Turn right onto Tavern Rd ( <b>rest stop on Right</b> )
37.1 mi	Continue onto Japatul Rd ( <b>start KOM/QOM</b> )
44.2 mi	Turn right onto Lyons Valley Rd ( <b>End KOM/QOM</b> )
51.9 mi	Turn right onto Skyline Truck Trail
59.0 mi	Continue onto Lyons Valley Rd
60.3 mi	Turn left onto Jefferson Rd
60.1 mi	Turn left onto Campo Rd ( <b>rest stop on Right</b> )
65.6 mi	Turn right onto Otay Lakes Rd
75.3 mi	Turn left onto Hunte Pkwy
78.2 mi	Turn right onto Eastlake Pkwy
79.2 mi	Turn left onto Olympic Pkwy
80.2 mi	Turn right onto E Palomar St ( <b>Rest stop on Right</b> )
80.5 mi	Return to Olympic Pkwy and right onto Olympic Pkwy
84.6 mi	Continue straight on E Orange Ave
87.1 mi	Turn left onto Palomar St
88.0 mi	Turn right onto Bay Blvd
90.5 mi	At E st Make left onto Gunpowder Point Dr and onto Bayshore Bikeway
91.8 mi	Turn left onto W 32nd St
92.0 mi	Turn right onto Tidelands Ave
93.3 mi	Turn left onto E Harbor Dr
98.1 mi	Finish left into Ruocco Park

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **SEP 20 2017**

LIFE SPORTS FOUNDATION  
9939 HIBERT ST STE 105  
SAN DIEGO, CA 92131-0000

Employer Identification Number:  
82-2498593  
DLN:  
26053654002787  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a) (2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
July 27, 2017  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

LIFE SPORTS FOUNDATION

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements





Life Sports Foundation  
16805 Highland Valley Rd.  
Ramona CA 92065

7/17/2023

The Official notice authorizes and validates the following,

The KOZ Events organization via Tobias Panek and Jennifer Nanista are authorized agents to apply on behalf of the Life Sports Foundation to secure permits for the San Diego Granfondo scheduled for Sunday April 21, 2024. Should you have any questions, please contact me at [carrie@lifesportsfoundation.com](mailto:carrie@lifesportsfoundation.com) or 619-507-7920.

Sincerely,

A handwritten signature in black ink, appearing to read "Carrie Panek". The signature is fluid and cursive, with a long horizontal line extending to the right.

Carrie Panek  
President / CEO

Life Sports Foundation  
A 501©3 Non-Profit Corporation  
Tax ID 82-2498593

# City of National City BUSINESS TAX CERTIFICATE



## 2024

TO BE POSTED IN A CONSPICUOUS PLACE  
AND  
NOT TRANSFERABLE OR ASSIGNABLE

"For Services Provided in National City, California Only"

**Business Name** KOZ EVENTS  
**Business Location** 9939 HIBERT ST  
SAN DIEGO, CA 92131-1029  
**Business Owner(s)** TOBAIS (PRES) PANEK  
CARRIE (VICE PRES) PANEK

**Business Type** Special Event  
**Account Number** 09018345  
**Effective Date** January 01, 2024  
**Expiration Date** December 31, 2024

TOBAIS PANEK  
KOZ EVENTS  
PO BOX 1210  
POWAY, CA 92074-1380

  
\_\_\_\_\_  
City Manager

**NOTE: IT IS YOUR OBLIGATION TO RENEW THIS  
CERTIFICATE WHETHER OR NOT YOU RECEIVE A  
RENEWAL NOTICE**

For all inquiries regarding this certificate, contact HdL  
Business Tax Support Center at (619) 382-2598.

**THIS BUSINESS TAX CERTIFICATE DOES NOT PERMIT A BUSINESS  
THAT IS OTHERWISE PROHIBITED.**

KOZ EVENTS

Thank you for your payment on your National City Business Tax Certificate. **ALL CERTIFICATES MUST BE AVAILABLE FOR INSPECTION UPON REQUEST.** If you have questions concerning your business license, contact the Business Support Center via email at: [NationalCity@HdLgov.com](mailto:NationalCity@HdLgov.com) or by telephone at: (619) 382-2596

Keep this portion for your license separate in case you need a replacement for any lost, stolen, or destroyed license. A fee may be charged for a replacement or duplicate certificate.

This certificate does not entitle the holder to conduct business before complying with all requirements of the National City Municipal code and other applicable laws, nor to conduct business in a zone where conducting such business violates law.

If you have a fixed place of business within the National City, please display the Business Tax Certificate below in a conspicuous place at the premises. Otherwise, every Business Tax Certificate holder not having a fixed place of business in the City shall keep the Business Tax Certificate upon his or her person, or affixed in plain view any cart, vehicle, van or other movable structure or device at all times if required by the Collector.

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: <https://www.dca.ca.gov/publications/>



BUSINESS TAX SUPPORT CENTER  
8839 N CEDAR AVE #212  
FRESNO, CA 93720-1832



## City of National City BUSINESS TAX CERTIFICATE

TOBAIS PANEK  
KOZ EVENTS  
PO BOX 1210  
POWAY, CA 92074-1380

**Account Number:** 09018345

**Date of Issue:** 01/01/2024



**Entity Status Letter**

Date: 2/7/2024

ESL ID: 5174063275

**Why You Received This Letter**

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 2982559

Entity Name: GRANFONDO CYCLING TOURS INC.

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 .
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

**Important Information**

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

**Connect With Us**

Web: [ftb.ca.gov](http://ftb.ca.gov)  
 Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
 916-845-6500 from outside the United States

California  
 Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)