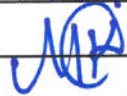




CITY OF MANTECA
MOBILE FOOD VENDOR PERMIT

V3

Permit Holder: Eliud Enrique Vega Garcia #2023-05
Name of Mobile Food Vehicle: Tortilleria Tulipan Del Valle
Address of Operation: Library Park - 135-199 Poplar Ave Mntca
Date Issued: 2/8/24 exp 6/30/24 



City of Manteca Recreation and Community Services Department
 252 Magnolia Avenue, Manteca CA 95337 • Phone: (209) 456-8600 • Fax: (209) 923-8954
 www.mantecagov.com/recreation



MOBILE FOOD VENDOR PERMIT APPLICATION

Business name: TULIPAN DEL VALLE
 Food Truck name (if different): TORTILLERIA TULIPAN DEL VALLE
 Address: 4713 GREENLEAF CT STE B11 City, State, Zip: MODESTO CA 95356
 Name of individual representing business: ELIOD ENRIQUE VEGA GARCIA
 Contact phone number: (209) 549 6156 Email address: tulipanvallecentral@gmail.com
 Mobile Food Vendor Vehicle make: RJTRLR Model: TRAILER Year: 2023
 VIN: 1R9BF2428PF600489
 How will you be disposing of gray water/untreated waste? I CURRENTLY DISPOSED OF THEM
IN A COMMISSARY
 What are your sources of fresh water? THE COMMISSARY GIVES IT TO ME.
 What are your sources of power? A GENERATOR
 What permit type are you applying for? (check one) V1 ☐ V2 ☐ V3 ☒ V4 ☐ V5 ☐
 (see Definitions on following page)

PERMIT FEES

There is a fee of \$10/day or \$70/week fee for a permit to operate in Manteca parks.

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

- ☒ Copy of San Joaquin County Environmental Health Department License/Permit ✓
- ☐ Copy of City of Manteca Business License ✓
- ☒ Proof of Insurance Documentation, as detailed in this document
- ☒ Photograph(s) of the Mobile Food-Vending Vehicle
- ☒ Copy of your Menu

RETURN THE APPLICATION WITH REQUIRED DOCUMENTS TO:

Manteca Recreation and Community Services Department, 252 Magnolia Avenue, Manteca, CA 95337

Applicant signature: [Signature] Date: 12/21/2023
 Print applicant name: ELIOD ENRIQUE VEGA GARCIA Date: 12/21/2023
 Property owner signature: [Signature] Date: 12/21/2023
on behalf of City of Manteca 2/0/24

STAFF USE ONLY Date application received: <u>12/21/23</u> Fees paid? ☒ Yes ☐ No Amount paid \$ _____	PERMITTED DATES: <u>2/0</u> through <u>4/30/24</u> Insurance Received? ☒ Yes ☐ No Verified by: <u>Andrew Nauquist</u> <u>(RISK)</u>	DEPARTMENT APPROVALS: <table border="0"> <tr> <th>NAME</th> <th>DATE</th> </tr> <tr> <td>Recreation: <u>[Signature]</u></td> <td><u>2/0/24</u></td> </tr> <tr> <td>CDD: _____</td> <td></td> </tr> </table>	NAME	DATE	Recreation: <u>[Signature]</u>	<u>2/0/24</u>	CDD: _____	
NAME	DATE							
Recreation: <u>[Signature]</u>	<u>2/0/24</u>							
CDD: _____								
NOTES: <u>permit for the Manteca Library Park 135-199 Poplar Ave</u>								

HEALTH INSPECTION REPORT AVAILABLE FOR REVIEW

THIS FOOD FACILITY IS INSPECTED BY:

San Joaquin County

**Environmental Health Department
(209) 468-3420**

**A COPY OF THE MOST RECENT INSPECTION REPORT
IS MAINTAINED AT THIS FOOD FACILITY
AND IS AVAILABLE FOR REVIEW**

**INSPECTIONS ARE ALSO AVAILABLE ONLINE AT
WWW.SJGOV.ORG/EHD**

California Health and Safety Code §113725.1. This or a similar notice must be posted

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

1868 E. Hazelton Ave • Stockton, CA 95205-6232 • Phone (209) 468-3420

Jasjit Kang, R.E.H.S., Director

ENVIRONMENTAL HEALTH

PERMIT TO OPERATE - PE 1635 - MOBILE FOOD PREPARATION UNIT (MFPU)

Permit ID # PT0029547 for Record ID # PR0548796

VEHICLE LIC # 4VK6497

Valid From 11/17/2023 To 12/31/2024

**PERMITS TO OPERATE are NOT TRANSFERABLE
and may be SUSPENDED or REVOKED for cause.**

**PERMIT(s) Valid only for: VEGA GARCIA, ELIUD
DBA: TULIPAN DEL VALLE**

THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES

**Regulated Facility: TULIPAN DEL VALLE #4VK6497
1211 S SEVENTH ST
MODESTO, CA 95351**

**Facility ID FA0027950
Account ID AR0054336
Issued 11/30/2023**

**Billing Address: ATTN : VEGA GARCIA, ELIUD
TULIPAN DEL VALLE #4VK6497
3953 DALE RD APT D
MODESTO, CA 95356**

CITY OF MANTECA - BUSINESS LICENSE TAX CERTIFICATE

PLEASE POST IN A CONSPICUOUS PLACE

Business Name	TULIPAN DEL VALLE	License Number	10808432
Business Location	4713 GREENLEAF CT STE B11 MODESTO, CA 95356-8504	Effective Date	January 01, 2024
Business Type	MOBILE VENDOR - FOOD TRUCKS	Expiration Date	June 30, 2024

TULIPAN DEL VALLE
4713 GREENLEAF CT STE B11
MODESTO, CA 95356-8504

For all inquiries regarding this license, contact HdL Business Support Center at (209) 684-7926.
This License is issued without verification that the Licensee is subject to or exempt from licensing by the state of California

This business license does not permit business operation unless your business is properly zoned and/or in compliance with all applicable laws/regulations.

TULIPAN DEL VALLE :

Thank you for your payment on your City of Manteca Business License. If you have questions concerning your business license, contact the Business Support Center via email at: manteca@hdlgov.com or by telephone at: (209) 684-7926.

Keep this portion for your license separate in case you need a replacement for any lost, stolen, or destroyed license.

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

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



City of Manteca
BUSINESS LICENSE

TULIPAN DEL VALLE
4713 GREENLEAF CT STE B11
MODESTO, CA 95356-8504

License Number: 10808432
Date of Issue: 01/01/2024



Imagery ©2023 Airbus, CNES / Airbus, Maxar Technologies, Map data ©2023 50 ft

FOOD TRUCK ALREADY OPERATING

MY FOOD TRUCK

NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

73 APR 417370 - 01

**NATIONAL LIABILITY & FIRE INSURANCE
COMPANY
STAMFORD, CONNECTICUT
BUSINESS AUTO COVERAGE DECLARATIONS**

☐ The Declarations
include a second part
designated "Part 2".

Producer

Orsus Indemnity Inc DBA Orsus
Insurance Agency
8303 Piper Glen Way
Antelope, CA 95843
Individual

ITEM ONE NAMED INSURED & ADDRESS

**ELIUD ENRIQUE VEGA GARCIA
DBA: TULIPAN DEL VALLE
3953 DALE ROAD, APT D
MODESTO, CA 95356**

FORM OF NAMED INSURED'S BUSINESS:

NAMED INSURED'S BUSINESS: **FOOD TRAILER VENDOR**

POLICY PERIOD: Policy covers FROM **06/30/2023 12:01 AM** TO **06/30/2024** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000 CSL	\$ 2,197
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 5,000	\$ 223
UNINSURED MOTORISTS	10	\$ 100,000 CSL (BI Only)	\$ 176
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)		\$	\$
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See M 5958 (09/2019)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 5958 (09/2019)	\$ 2,421
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$ 105
			ESTIMATED TOTAL PREMIUM \$ 5,122
ENTER SYMBOL 10 DESCRIPTION HERE: Symbol 10 - Only those autos described in Item Three of the Declarations with Liability premium shown.			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

XPT Partners, LLC
Clovis, CA

Countersigned At

By

AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Secretary

President

SCHEDULE OF COVERED AUTOS

M-5171 (06/2004)

POLICY NUMBER: **73 APR 417370 - 01**

EFFECTIVE DATE: **06/30/2023 12:01 AM**

NAMED INSURED: **ELIUD ENRIQUE VEGA GARCIA**

Policy-Level Coverages			The premium charge for Uninsured Motorist Coverage is a policy charge; separate premium charges are not made for individual covered autos.						
Uninsured Motorist Coverage:									
Underinsured Motorist Coverage:									
Other:									
Vehicle #	Year	Make & Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.	
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium			In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible			Collision Premium	Collision Deductible	
1	2006	KIA SUV	KNDJD733065650174	C	50 Miles	73	MODESTO, CA	10,000 Lbs.	
	2,073	223							
	8,000	C	Incl	1000 Ded			428	1000 Ded	
2	2023	RJTRLR TRAILER	1R9BF2428PF600489	C	50 Miles	73	NEWMAN, CA	10,000 Lbs.	
	124			6					
	113,000	C	Incl	1000 Ded			1,993	1000 Ded	
*Use (C = Commercial, S = Service, R = Retail)									

07/05/2023





MENU

TULIPAN DEL VALLE

Item:

Tortillas

Ingredients:

Maseca Instant Corn Masa

Water



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Certificate Department
Orsus Insurance Agency	PHONE (A/C, No, Ext): 916-802-6480
8303 Piper Glen Way	FAX (A/C, No): 916-735-7546
	E-MAIL ADDRESS: guillermo@orsusinsurance.com
INSURED	INSURER(S) AFFORDING COVERAGE
Antelope	INSURER A : Hiscox
CA 95843	INSURER B : National Liability & Fire Insurance Company
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	P102.838.523.1	01/11/2024	01/11/2025
						EACH OCCURRENCE \$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
						MED EXP (Any one person) \$ 5000
						PERSONAL & ADV INJURY \$ 1000000
						GENERAL AGGREGATE \$ 2000000
						PRODUCTS - COMP/OP AGG \$ 2000000
						\$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS ☒ DED \$1000 ☒ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ☒ DED \$1000			73APR417370-01	06/30/2023	06/30/2024
						COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				
		N/A				
						PER STATUTE
						OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Manteca, its officers, officials, employees, agents and volunteers are named as additional insured per policy forms and endorsements

CERTIFICATE HOLDER	CANCELLATION
City of Manteca 1001 W Center Street Manteca	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CA 95337	AUTHORIZED REPRESENTATIVE <i>Guillermo Vergara</i>

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.



Hiscox Insurance Company Inc.

Policy Number: P102.838.523.1
Named Insured: Eliud Vega Garcia DBA Tulipan Del Valle
Endorsement Number: 7
Endorsement Effective: 01/11/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person(s) or organization(s) for whom you are performing operations or leasing a premises when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

A person's or organization's status as an additional insured under this endorsement ends when your operations or lease agreement for that additional insured are completed.



Hiscox Insurance Company Inc.

Policy Number: P102.838.523.1
Named Insured: Eliud Vega Garcia DBA Tulipan Del Valle
Endorsement Number: 17
Endorsement Effective: 01/11/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A.** The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy, provided:

1. you have agreed in a written contract or agreement to add such additional insured to a policy providing the type of coverage afforded by this policy; and
2. you have agreed in a written contract or agreement with such additional insured that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



Hiscox Insurance Company Inc.

Policy Number: P102.838.523.1
Named Insured: Eliud Vega Garcia DBA Tulipan Del Valle
Endorsement Number: 18
Endorsement Effective: 01/11/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MODIFIED WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

You may waive your rights against another party so long as you do so in writing prior to: (i) an offense arising out of your business that caused a “personal and advertising injury”; or (ii) an “occurrence” that caused “bodily injury” or “property damage”.



Hiscox Insurance Company Inc.

Policy Number: P102.838.523.1
Named Insured: Eliud Vega Garcia DBA Tulipan Del Valle
Endorsement Number: 13
Endorsement Effective: 01/11/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED ONGOING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description of Designated Ongoing Operation(s):

Services or operations involving the following:

Commercial farming	Companies/operations not in compliance with county, state, and federal food and safety regulations
Grocery stores or supermarkets	Health coaching
Importers - produce or dairy making up more than 20% of total sales	Importers - seafood, meat, poultry
Nutrition consulting	Restaurant, cafe, bakery, tavern or similar establishment at a fixed location (storefronts)
Weapons sales	

Specified Location (If Applicable):

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following exclusion is added to paragraph 2., Exclusions of COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages):

This insurance does not apply to "bodily injury" or "property damage" arising out of the ongoing operations described in the Schedule of this endorsement, regardless of whether such operations are conducted by you or on your behalf or whether the operations are conducted for yourself or for others.

Unless a "location" is specified in the Schedule, this exclusion applies regardless of where such operations are conducted by you or on your behalf. If a specific "location" is designated in the Schedule of this endorsement, this exclusion applies only to the described ongoing operations conducted at that "location".

For the purpose of this endorsement, "location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

ACTIVITY SALES RECEIPT

Receipt # 145167
Payment Date: 02/08/2024
Household: 21658
Hm Ph: (209)549-6156



TULLIPAN DEL VALLE
4713 GREENLEAF CT
STE B11
MODESTO CA 95356

Manteca Parks & Recreation
252 Magnolia Avenue
Manteca, CA 95337
Phone: (209)456-8600
Visit us on the Web at: www.mantecagov.com/parks

Activity Enrollment Details: 568101-3 (Food Truck Permit - V3)

	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Enrollee Name: Tullipan Del Valle	220.00	220.00	220.00	220.00	0.00
Enrollment Date: 02/08/2024					
Enrollment Status: Enrolled					

Class Location:	Library Park Library Park 320 W Center St. Manteca, CA 95336	Class Dates:	07/01/2023 to 06/30/2024 6:00am to 11:00pm Everyday
		Scheduled Sessions:	366

Fee Details:	Fee Description	<u>Amount</u>	<u>Count</u>	<u>Discount</u>	<u>Sales Tax</u>	<u>Total Fee</u>
	Annual Permit Fee_V1-V5	200.00	1.00	0.00	0.00	200.00
	Food Truck - V3 Permit	20.00	1.00	0.00	0.00	20.00

Special Questions: Roster Note:

Processed on 02/08/24 @ 1:34pm by AR

Total New Fees	220.00
Discount Applied	0.00
Total New Taxes	0.00

Total Due	220.00
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Total Fees Paid	220.00
Total Taxes Paid	0.00

Total Paid	220.00
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Household Balance Information

Overall Household Credit Balance Available	0.00
Overall Household Balance Due	0.00

Payment of: 220.00 Made By: Cash With Reference:

ACTIVITY SALES RECEIPT



Receipt #
Payment Date:
Household:

145167
02/08/2024
21658

NO REFUNDS will be given after the first class meeting. Failure to attend a program is not grounds for a refund. If you are not satisfied with a program you have attended, please contact the program supervisor or our office.

Refunds will be granted only if requested in writing. A "Request for Refund" form must be completed and received in our office at least 1 business day prior to the first class meeting. Please allow four weeks for processing. In lieu of a refund, you may request to have a credit to your account, which may be used only for future program participation. Refunds and credits will be subject to a \$10.00 processing fee per class.

A full refund will be given if the class or activity is cancelled by the City or the instructor.