

APPLICATION TO REGISTER EQUINE EVENT

ANIMAL HEALTH BRANCH
1220 N Street, Rm. A-107, Sacramento, CA 95814
For more information please call: (916) 657-5050 or (916) 657-5230
Fax: (916) 651-7299

RETURN ALL PAGES OF APPLICATION TO REGISTER THE EVENT
RETURN BY: E-MAIL TO EMMP@CDFA.CA.GOV OR USPO
76-024A (Rev.01/08)

INSTRUCTIONS: As provided by the Food and Agricultural Code of California, Chapter 8, Division II, Section 24015 (a), each public horse show, horse sale or horse competition shall be registered with the Department of Food and Agriculture. In order to comply with the law the information below must be received by the Department at least thirty (30) Days prior to the occurrence of any such public horse/mule event. Please save this document and mail or e-mail as an attachment to **EMMP @ CDFA.CA.GOV**

ASSESSMENT RATE: \$5.00 per horse

NAME OF PUBLIC HORSE SHOW, SALE OR OTHER COMPETITION		EVENT NUMBER (do not write here. CDFA only)	
FACILITY NAME	DATE FROM (mm/dd/yyyy)	DATE TO (mm/dd/yyyy)	STARTING TIME
GEOGRAPHIC LOCATION (Street No, crossroads, other geographic description)		to:	
CITY	COUNTY	NUMBER OF ANIMALS EXPECTED/ESTIMATED	
SPONSOR OF EVENT		YOUR WEB PAGE (If available)	
EVENT KIND <i>Western, English, etc.</i>			

IF EVENT IS POSTPONED OR CANCELLED FOR ANY REASON PLEASE NOTIFY CDFA IMMEDIATELY.

EVENT MANAGER - PRIMARY SHOW CONTACT

24001 (b) of the California Food and Agricultural Code states that "Event Manager" means the person in charge of an event, including the entity or individual financially responsible for the event that is responsible for registering the event with the department, and who is responsible for the assessment, collection, and remittance of fees. "Event manager" includes horse show secretaries and managers, competitive event managers, and horse sale managers and sale owners. **"Event Manager" includes horse show secretaries and managers, competitive event managers, and horse sale managers and sale owners.**

LAST NAME	FIRST NAME		
MAILING ADDRESS			APT/SUITE#
CITY		STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	FAX PHONE OR EMAIL	

ALTERNATE CONTACT (Requested if Applicable)

LAST NAME	FIRST NAME	HOME TELEPHONE	WORK TELEPHONE
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*By my signature, I hereby certify that I am the "Event Manager" of the event listed in item #1 above, understand that I must provide **ALL EVENT MANAGER INFORMATION** requested above in order for this registration application to be processed, and am financially responsible by California law to forward all due fees to the California Department of Food and Agriculture. Furthermore, I understand that in accordance with Section 24015 of the California Food and Agricultural Code that failure to properly register this event subjects me to a civil penalty of not less than \$100 or more than \$2500. The standard first time civil penalty imposed is \$500.*



TYPE NAME OR SIGNATURE OF PERSON REGISTERING EVENT	DATE SIGNED	DATE REMITTED	DATE CANCELLED
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ASSESSMENT REPORT FOR REGISTERED EVENT

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PAYMENT SECTION - Enclose fees collected on the total number of horses entered or sold in the above-named public horse event in compliance with Chapter 8, Division II, Section 24012 of the Food and Agricultural Code of California. Complete (Blocks 40 through 44), SIGN and RETURN completed **ASSESSMENT REPORT with PAYMENT.**
Make remittance payable to CASHIER, CDFA - 21002

PAYMENT DATE	<input style="width: 100%;" type="text"/>
40. #HORSES ASSESSED	<input style="width: 100%;" type="text"/>
41. X \$5.00 EACH	<input style="width: 100%;" type="text"/>
42. PENALTY (Line 41 X .10)10%	<input style="width: 100%;" type="text"/>
43. AFTER 30 DAYS(Line 42 X .015) X # Months	<input style="width: 100%;" type="text"/>
44. AMOUNT DUE (Add lines 41 thru 43)	<input style="width: 100%;" type="text"/>

PENALTY & INTEREST INFORMATION: - INCLUDE: ten percent (10%) penalty plus interest at 1.5% per month for late payment if this report is not filed (postmarked) and assessments paid within 15 days of the public horse show, horse competition or horse sale named herein.

TYPE NAME OR SIGNATURE OF PERSON REGISTERING EVENT	DATE SIGNED	DATE REMITTED	DATE CANCELLED
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EVENT COPY FOR MANAGER

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