

PLEASE PRINT OR TYPE

NO _____

BUSINESS ACTIVITY INFORMATION

BUSINESS NAME (DBA NAME USED TO IDENTIFY YOUR BUSINESS)					NEW OR CHANGES? <input type="checkbox"/> NEW <input type="checkbox"/> CHANGES		STARTING DATE	
BUSINESS PHONE NO. ()			OWNER/CORPORATION PHONE NO. ()			OWNERSHIP TYPE <input type="checkbox"/> SOLE <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____		
EMAIL ADDRESS			WEB SITE ADDRESS					
STATE CERT./LICENSE NO.	EXP. DATE	FEDERAL ID NO.	STATE EMPLOYER ID NO.	NO. OF EMPLOYEES				
BUSINESS DESCRIPTION								
BUSINESS LOCATION ADDRESS								
BUSINESS ZONED: <input type="checkbox"/> COMMERCIAL OR <input type="checkbox"/> RESIDENTIAL HOME OCCUPATION PERMIT # _____ (CHECK ONE)								
OWNER/CORPORATION ADDRESS (STREET NAME AND NO., SUITE NO., CITY, STATE, ZIP CODE)								
IF CORPORATION: NAME/ADDRESS TO RECEIVE LEGAL DOCUMENTS								
MAILING ADDRESS (WHERE YOU WANT US TO MAIL THE BUSINESS TAX CERTIFICATE OR OTHER CORRESPONDENCE)								

CONTACT INFORMATION

OWNER OR CORPORATE OFFICERS' NAME & TITLE (STATE CONTRACTOR, SEE BELOW*)	RELATIONSHIP TO COMPANY	SOCIAL SECURITY NO.	CA DRIVER'S LICENSE
1)			
2)			
3)			
*STATE CONTRACTOR LICENSE NO.			

BUSINESS LICENSE TAX CALCULATION

RESOURCE INFORMATION

GROSS RECEIPTS – estimated for the first year or actual for renewal	\$	Please note: Once you are registered, the City's Economic Development Department will send you business resource information by e-mail or mail.
GROSS PAYROLL – estimated for the first year or actual for renewal	\$	
# OF YEARS LICENCED WITH THE STATE		
# OF RENTAL UNITS (IF APPLICABLE)		
# OF PROFESSIONAL EMPLOYEES		

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct. This tax certificate is for revenue purposes only and does not imply conformance with applicable city codes and ordinances. You are advised to check your proposed business location and structure with the City Planning Division for compliance with zoning codes and the Building Inspections Division for compliance with building codes.

SIGN HERE _____ DATE _____

<p>TEMPORARY CERTIFICATE Not valid more than 45 days from validation date</p> <p>Your Business Tax Certificate will be sent to you approximately two weeks.</p> <p>This certificate must be renewed annually</p>	<p>VOID IF NOT VALIDATED</p>	FOR OFFICIAL CITY USE ONLY	
		TAX	\$
		BIA	\$
		HOP	\$
		DUP/PEN	\$
		Dis. Access Fee	\$ 1.00
		TOTAL	\$
BY			