

**BUSINESS OPERATIONS TAX APPLICATION**

No. \_\_\_\_\_

<b>Section One: Business Information</b>			
BUSINESS NAME			STARTING DATE
PHONE	SECONDARY PHONE	EMAIL	
BUSINESS ADDRESS			OWNERSHIP TYPE <input type="checkbox"/> Sole <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC
IS THIS A HOME ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	GOVT ISSUED ID (FEIN/SSN/SEIN/OTHER)	NO OF EMPLOYEES	
BUSINESS DESCRIPTION			
<b>Section Two: Classification (Please Select One)</b>			
<input type="checkbox"/> <b>Gross Receipts / Commercial Rental</b>	Estimated Gross Receipts/Rent	<input type="checkbox"/> <b>Gross Payroll</b> (Administrative Headquarters)	Estimated Gross Payroll
<input type="checkbox"/> <b>Professional</b>	Years Licensed	<input type="checkbox"/> <b>Residential Rental</b>	Number of Rental Units
<b>Section Three: Corporate and Mailing Address</b>			
CORPORATE/MAILING ADDRESS:			
<b>Section Four: Owner or Corporate Officer Information</b>			
OWNER OR CORPORATE OFFICER NAME	RELATIONSHIP TO THE COMPANY	SOCIAL SECURITY NO.	DRIVERS LICENSE NO/EXP
OWNER OR CORPORATE OFFICER NAME	RELATIONSHIP TO THE COMPANY	SOCIAL SECURITY NO.	DRIVERS LICENSE NO/EXP
OWNER OR CORPORATE OFFICER NAME	RELATIONSHIP TO THE COMPANY	SOCIAL SECURITY NO.	DRIVERS LICENSE NO/EXP
<b>Section Seven: Agreement and Signature</b>			
I hereby certify under penalty of perjury that the answers I have given are true and correct to the best of my knowledge and belief. 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 building codes. <b>Please Note:</b> Once you are registered, the City's Economic Development Department will send you business resource information via e-mail or mail.			
<b>Signature:</b>			<b>Date:</b>
<b>Section Eight: City Staff Only</b>			
<b>Received/Entered by:</b>			<b>Date:</b>
<b>NOTES</b> (HOP/APN# IF APPLICABLE)	<b>VOID IF NOT VALIDATED</b>		<b>Amount Due</b>
	<small>TEMPORARY CERTIFICATE NOT VALID MORE THAN 45 DAYS FROM VALIDATION DATE.YOUR BUSINESS TAX CERTIFICATE WILL BE SENT TO YOU IN APPROXIMATELY TWO WEEKS. CERTIFICATE MUST BE RENEWED ANNUALLY</small>		_____ Tax _____ BIA _____ HOP \$4 _____ State Fee  _____ <b>Total</b>