OFFICE USE ONLY

PLEASE COMPLETE BOTH SIDES. PLEASE PRINT.

## **Registration Form Business Tax**

www.csjfinance.org

CELL PHONE NO. \_\_\_



OFFICE	USE	ONLY
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NAICS CODE

EXMP FEE

HB PRIOR HB CRNT

			<b>-</b>
AI BUSINESS NAME (Max. 30 Characters)		A9 NAME OF BUSINESS OWNER (COMPLETE ONE)	HB PENALTY
		PERSON'S NAME	
A2 BUSINESS ADDRESS (No PO Box or Mail Drop Addresses)		CORPORATE NAME	BID PRIOR
		PARTNERSHIP NAME	BID CURRENT
		TRUST NAME	
		A10 TYPE OF OWNERSHIP (CIRCLE ONE)	BID PENALTY/INTEREST
	TATE ZIP	S = SOLE PROPRIETOR LLC = LIMITED LIABILITY CO P = PARTNERSHIP T = TRUST	PRIOR TAX
A3 MAILING ADDRESS (IF	DIFFERENT FROM ABOVE)	C = CORPORATION O = OTHER	CURRENT TAX
		A11 NATURE OF BUSINESS	PENALTY/INTEREST
		A12 NUMBER OF OWNERS/EMPLOYEES IN SAN JOSÉ	- FENALI I/INTEREST
		NO. OWNER(S), OFFICER(S)	CA STATE IMPOSED FEE
CITY	TATE ZIP	NO. FULL TIME EMPLOYEES	\$1.00
A4 BUSINESS PHONE	A5 START DATE IN SAN JOSÉ	NO. PART TIME =	TOTAL DUE
		FULL TIME EQUIVALENT	
A6 FEDERAL/STATE IDENT	IFICATION NO.	TOTAL OWNER(S)/EMP(S)	VERIFIED BY
		A13 STATE SELLER'S PERMIT NO.	CASH RECEIPT NO.
A7 SOCIAL SECURITY NO.			- CHOIT RECENT 1 110.
		A14 COUNTY HEALTH PERMIT NO.	MAIL APP. AMT REC'D
A8 STATE CONTRACTOR N	O. TYPE	A15 BUSINESS PROPERTY TAX NO.	DATE/INITIALS
		AD DESIRES TROPERT MATO.	DITERRITALS

## A16 PRINCIPAL OWNER NAME \_\_\_ RESIDENCE ADDRESS \_\_\_\_\_ \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_ CITY \_\_\_ DRIVER'S LICENSE NO. EMAIL ADDRESS \_ \_\_\_\_ FAX NO.\_\_\_ DAY TIME PHONE NO. \_\_\_ RESIDENCE PHONE NO. CELL PHONE NO. \_\_\_ ADDITIONAL OWNER / AGENT OF SERVICE NAME \_\_\_ RESIDENCE ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_ \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ / DRIVER'S LICENSE NO. EMAIL ADDRESS \_ DAY TIME PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_ RESIDENCE PHONE NO.

PLEASE CHECK YES or NO	YES	NO
HOME-BASED BUSINESS IN SAN JOSÉ		
BUSINESS ADDRESS LOCATED OUTSIDE OF SAN JOSÉ (IF YOU ANSWERED YES, CHECK THE NUMBER OF DAYS YOU PROJECT TO BE IN SAN JOSÉ DURING THE NEXT 12 MONTHS)  5 OR LESS DAYS  6-29 CALENDAR DAYS  30-89 CALENDAR DAYS  120+ CALENDAR DAYS		
BUSINESS INVOLVED IN RENTING OR LEASING RESIDENTIAL OR NON-RESIDENTIAL REAL EASTATE (IN SAN JOSÉ ONLY) TO ANOTHER PERSON OR BUSINESS? (IF YOU ANSWERED YES, PROVIDE THE TOTAL NUMBER OF UNITS OR SQUARE FOOTAGE AND THE PROPERTY ADDRESS) UNITS SQUARE FOOTAGE PROPERTY ADDRESS:		
DISTRIBUTE ADVERTISING LEAFLETS, HANDBILLS (OTHER THAN MAILOUTS)		
BUY, SELL, TRADE OR PAWN ANY USED ITEMS LISTED BELOW, INCLUDING TAKING IN PERSONAL PROPERTY FOR SALE ON CONSIGNMENT (PAWNBROKER AND/OR SECONDHAND DEALER PERMIT):  □ JEWELRY, STERLING SILVER, UTENSILS, PRECIOUS METALS, GEMS, COINS OR COIN COLLECTIONS □ USED MERCHANDISE (ITEMS WITH SERIAL NUMBERS, INSCRIPTIONS OR INITIALS)		
SELL DOOR-TO-DOOR, INCLUDING PEDDLING MERCHANDISE (PEDDLER PERMIT), MAGAZINE SUBSCRIPTION (CANVASSER PERMIT), EXCLUDING DISTRIBUTION OF LEAFLET OR HANDBILL		
MAKE SALES FROM A VEHICLE (FOOD TRUCK) (PEDDLER PERMIT)		
AUTHORIZE OR PROVIDE PUBLIC DANCING ON THE PREMISE (DANCE HALL / ENTERTAINMENT PERMIT)		
LEASE, SELL, OWN, OR HAVE ON THE PREMISE ANY OF THE FOLLOWING FOR PUBLIC USE:  DOOL TABLES (2 OR LESS-AMUSEMENT PERMIT) DOOL TABLES (3 OR MORE-POOL HALL PERMIT) DINBALL MACHINES DINBALL MACHINE		
USE OR STORE HAZARDOUS OR FLAMMABLE MATERIALS (GASOLINE, SOLVENTS, CAUSTIC AND WASTE OIL, OTHER THAN NORMAL HOUSEHOLD USE)		
GENERATE ANY HAZARDOUS WASTE		
PERFORM AUTOMOBILE REPAIRS		
SERVE 50 OR MORE PEOPLE ON THE PREMISE		
PERFORM WELDING OR CUTTING		
PRODUCE DUST (WOODCUTTING, MACHINE SHOP OR MILLING OPERATION)		
SPRAY FINISHING (FLAMMABLE LIQUID SPRAY PAINTING)		
SELL TOBACCO PRODUCTS		

## I understand that:

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx

The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.ccda.ca.gov

The taxes are paid annually in advance and are not refundable. I will receive a Business Tax Certificate, which is a receipt for payment of the Business Tax and must be posted in my place of business or carried. I must notify this office of any change in location, ownership, business name, basis of tax, and of termination of business. I must pay the tax annually upon expiration of my certificate. The Business Tax Office is not required to issue renewal notices. The issuance of a Business Tax Certificate does not constitute a license to operate. All clearances and/or permits for all City of San José departments must be obtained, and I must comply with all other ordinances and/or laws. I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect.

DATE SIGNATURE PRINT NAME & POSITION WITH COMPANY

REVERSE SIDE MUST BE COMPLETED