



**CITY OF SACRAMENTO
REVENUE DIVISION
BUSINESS OPERATIONS TAX APPLICATION**

No _____

BUSINESS NAME _____

STARTING DATE _____

BUSINESS DESCRIPTION _____

Mo Day Yr

BUSINESS ADDRESS _____

Street No Street Name

City State ZIP Code

(916) Phone Number

Business Zoned: Commercial or Residential Home Occupation Permit # _____ (Check one)

COMPLETE THIS SECTION IF MAILING INFORMATION IS DIFFERENT THAN ABOVE

MAILING NAME _____

ATTENTION _____

ADDRESS _____

Street No Street Name

City State Zip Code

PRIMARY OWNER/
CORPORATION _____ (916)

Last First MI Home / Business Ph.No.

HOME /CORPORATE
ADDRESS _____

Street No Street Name

City State Zip Code

OWNER NAME #2
SHAREHOLDER _____

Last First MI

OWNER NAME #3
SHAREHOLDER _____

Last First MI

CHECK ONE:
____ SOLE PROPRIETOR
____ PARTNERSHIP
____ CORPORATION

FEDERAL EMPLOYER'S I.D. NO. _____ STATE EMPLOYER'S I.D. NO. _____

SOCIAL SECURITY NO. _____ SALES & USE TAX PERMIT NO. _____

901 CODE _____ CLASS _____ BIA - CODE _____

COMPLETE INFORMATION FOR ITEM(S) CHECKED (____)

- _____ 1. GROSS RECEIPTS - Estimate for first year: \$ _____
- _____ 2. GROSS PAYROLL - Estimate for first year: \$ _____
- _____ 3. NUMBER OF YEARS LICENSED BY THE STATE OF CALIFORNIA: _____
- _____ 4. NUMBER OF PROFESSIONAL EMPLOYEES (LICENSED BY THE STATE): _____
- _____ 5. NUMBER OF RENTAL UNITS: _____

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 _____

TEMPORARY CERTIFICATE
Not Valid More Than 45 Days
from Validation Date
Your Business Tax Certificate will be
sent to you in approximately two weeks.

This Certificate Must Be Renewed
Annually

VOID
IF NOT
VALIDATED

Tax \$ _____
BIA \$ _____
TRN/DUP \$ _____
PEN \$ _____
TOTAL \$ _____
By _____

Mail To: City of Sacramento *915 I Street, Room 1214* Sacramento ,CA 95814 (916) 808-8500