



209 E Kern St., Taft CA 93268-3292 Attn: Bus. License Coordinator • (661) 763-3144 EXT. 21

BUSINESS LICENSE TAX APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED • PLEASE ALLOW 7-10 DAYS TO PROCESS THIS APPLICATION

Business Name _____ Bus. Phone () _____
 Business Location _____ Bus FAX () _____
(Cannot be P.O. Box per State of California, Business & Professions Code Section 17538.5)

Mailing Address _____ Start Date _____
 _____ Rate Type _____

DESCRIPTION OF BUSINESS _____ SIC CODE _____

OWNERSHIP: Corporation Corp-Ltd. Liability Partnership Sole Proprietor Limited Partnership Trust

State Lic. No. _____ Lic. Type _____ Expiration Date _____
 Resale No. _____ FEIN No. _____ SEIN No. _____

Enter below names of Owners, Partners, or Corporate Officers

Owner Name _____ Title _____ Soc. Sec. No. _____
 Home Address _____ Phone () _____
 _____ Cell Phone () _____
(Cannot be P.O. Box) Drivers Lic. No. _____

Owner Name _____ Title _____ Soc. Sec. No. _____
 Home Address _____ Phone () _____
 _____ Cell Phone () _____
(Cannot be P.O. Box) Drivers Lic. No. _____

Additional Information

No. of Employees _____ No. of Rooms _____ Occupancy Limit _____ No. of Coin Operated Machine(s) _____
 No. of Units (Apartment or Hotel/Motel only) _____ No. of Deliveries per Week (Wholesalers) _____

In case of emergency, please contact:

Name: _____ Phone () _____
 Address _____

Do you own or lease property? If Yes, please enter property owner's name, address, and phone number.

Name _____ Phone () _____
 Address _____

This license period is for the twelve months ending:

PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON BACK OF THIS FORM BASED ON ESTIMATED GROSS RECEIPTS, ENTER TAX IN BOX BELOW AND SIGN.

Enter Estimated Gross Receipts: \$

Non-Refundable Review Fee **35.00**
one-time only

Estimated Gross Receipts are based on months:

Business License Tax

\$ to \$

TOTAL TAX DUE

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

PAYMENT OF A BUSINESS LICENSE TAX DOES NOT RELIEVE THE APPLICANT (BUSINESS) OF THE REQUIREMENT TO COMPLY WITH OTHER REGULATIONS OF THE CITY, COUNTY, STATE, OR FEDERAL GOVERNMENT. I DECLARE, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT.

Date: _____ Signature of Owner/Representative: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF TAFT