Print Form

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

Revenue Management / Finance
200 E. Santa Clara St. 13th Floor
San Jose, Ca 95113-1905
(408) 535-7055

BUSINESS TAX / RENTAL PROPERTY REGISTRATION FORM

YOU MUST COMPLETE BOTH SIDES. PLEASE PRINT OR TYPE

		OFFICE USE ONLY
BUSINESS NAME **(IF APPLICABLE)**	NAME(S) OF PROPERTY OWNER(S)	SIC CODE
		BID PRIOR
		BID CURRENT
		BID PENALTY/INTEREST
RENTAL PROPERTY ADDRESS NO DIR. ST/AVE/BL SUITE/RM	TYPE OF OWNERSHIP **(CIRCLE ONE)** S = SOLE PROPRIETOR P = PARTNERSHIP C = CORPORATION T – TRUSTEE OTHER_____	PRIOR TAX
		CURRENT TAX
		PENALTY/INTEREST
CITY STATE ZIP	ASSESSOR'S PARCEL NUMBER	**TOTAL DUE**
MAILING ADDRESS **(IF DIFFERENT FROM ABOVE)** NO DIR. ST/AVE/BL SUITE/RM	☐ RESIDENTIAL LANDLORD TOTAL NUMBER OF UNITS_____ ☐ COMMERCIAL LANDLORD TOTAL SQUARE FEET _____	VERIFIED BY
		CASH RECEIPT #
CITY STATE ZIP	FEDERAL IDENTIFICATION NO.	MAIL APP. AMT REC'D
BUSINESS PHONE / PURCHASE DATE	SOCIAL SECURITY NO.	DATE/INITIALS

BUSINESS TAX NO _____ NQ
SOURCE _____

CONFIDENTIAL/EMERGENCY CONTACT INFORMATION
OWNER/CORPORATE OFFICER INFORMATION

OWNER NAME_____

RESIDENCE ADDRESS _____

CITY_____STATE Alabama (AL) ZIP_____

DRIVER'S LICENSE /ID# _____DATE OF BIRTH_____/_____/_____

RESIDENCE PHONE NO. _____

DAY TIME PHONE NO. _____FAX NO._____

CELL NO. _____E-MAIL ADDRESS_____

EMERGENCY CONTACT NOT LIVING WITH YOU _____

RELATIONSHIP _____

ADDRESS _____

CITY_____STATE Alabama (AL) ZIP_____

PHONE NO._____

REVERSE SIDE MUST BE COMPLETED AND SIGNED

LIST ALL RESIDENTIAL AND COMMERCIAL PROPERTIES WITH THE SAME OWNERSHIP. PROPERTY WITH DIFFERENT OWNERSHIP MAY NEED A SEPARATE BUSINESS TAX. FOR RESIDENTIAL, ENTER THE NUMBER OF UNITS. FOR COMMERCIAL, ENTER THE SQUARE FOOTAGE.

		NO. OF UNITS OR SQ. FT.	DATE PURCHASED	TYPE (DUPLEX, APARTMENT, ETC…)	ASSESSORS PARCEL NUMBER	BUSINESS TAX NUMBER
1	PROPERTY ADDRESS					
2	PROPERTY ADDRESS					
3	PROPERTY ADDRESS					
4	PROPERTY ADDRESS					
5	PROPERTY ADDRESS					
6	PROPERTY ADDRESS					
7	PROPERTY ADDRESS					
8	PROPERTY ADDRESS					
9	PROPERTY ADDRESS					
10	PROPERTY ADDRESS					

ATTACH LIST FOR ANY ADDITIONAL UNITS

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.

I understand that:

The taxes are paid annually in advance and are not refundable. I will receive a business 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.

DATE _____ PRINT NAME & POSITION WITH COMPANY _____ SIGNATURE _____

REVERSE SIDE MUST BE COMPLETED

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REV 12/10