

Registration Form  
Business Tax  
(408) 535-7055



Finance Department  
Revenue Management  
200 East Santa Clara St, 13th Fl  
San José, CA 95113-1905

YOU MUST COMPLETE BOTH SIDES.

PLEASE PRINT OR TYPE.

[A1] BUSINESS NAME (Max. 30 Characters)		[A9] NAME OF BUSINESS OWNER <b>(COMPLETE ONE)</b> PERSON'S NAME _____	
[A2] BUSINESS ADDRESS (No PO Box or Mail Drop Addresses) NO DIR. ST/AVE/BL SUITE/RM		CORPORATE NAME _____ PARTNERSHIP NAME _____ LTD LIABILITY CO NAME _____ TRUST NAME _____	
CITY STATE ZIP		[A10] TYPE OF OWNERSHIP <b>(CIRCLE ONE)</b> S = SOLE PROPRIETOR LLC = LIMITED LIABILITY CO P = PARTNERSHIP T = TRUST C = CORPORATION O = OTHER _____	
[A3] MAILING ADDRESS (IF DIFFERENT FROM ABOVE) NO DIR. ST/AVE/BL SUITE/RM		[A11] TYPE OF BUSINESS	
CITY STATE ZIP		[A12] NUMBER OF OWNERS/EMPLOYEES <b>IN SAN JOSÉ</b> NO. OWNER(S), OFFICER(S) _____ NO. FULL TIME EMPLOYEES _____ NO. PART TIME _____ = _____ FULL TIME EQUIVALENT _____ TOTAL OWNER(S)/EMP(S) <input type="text"/>	
[A4] BUSINESS PHONE	[A5] START DATE IN <b>SAN JOSÉ</b>	[A13] STATE SELLER'S PERMIT NO.	
[A6] FEDERAL/STATE IDENTIFICATION NO.		[A14] COUNTY HEALTH PERMIT NO.	
[A7] SOCIAL SECURITY NO.			
[A8] STATE CONTRACTOR NO.	TYPE		

<b>OFFICE USE ONLY</b>	
SIC CODE	
NAICS CODE	
EXMP FEE	
HB PRIOR	HB CRNT
HB PENALTY	
BID PRIOR	
BID CURRENT	
BID PENALTY/INTEREST	
PRIOR TAX	
CURRENT TAX	
PENALTY/INTEREST	
ADMINISTRATIVE FEE	
<b>TOTAL DUE</b>	
VERIFIED BY	
CASH RECEIPT #	
MAIL APP. AMT REC'D	
DATE/INITIALS	

[A15] **PRINCIPAL OWNER/AGENT FOR SERVICE**

NAME \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE/ID# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RESIDENCE PHONE NO. \_\_\_\_\_

DAY TIME PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**ADDITIONAL OWNER**

NAME \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE/ID# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RESIDENCE PHONE NO. \_\_\_\_\_

DAY TIME PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BUSINESS TAX NO. _____ SOURCE CODE: _____ DISTRICT _____
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**REVERSE SIDE MUST BE COMPLETED AND SIGNED**

## ANSWER ALL QUESTIONS BELOW

PLEASE CHECK YES, NO, OR N/A (Not Applicable)	YES	NO	N/A
B1 IS YOUR BUSINESS ADDRESS LOCATED OUTSIDE OF SAN JOSÉ? IF YOU ANSWERED YES, CHECK THE NUMBER OF DAYS YOU WILL BE IN SAN JOSÉ DURING A TAX YEAR  <input type="checkbox"/> 5 OR LESS CALENDAR DAYS <input type="checkbox"/> 6-29 CALENDAR DAYS <input type="checkbox"/> 30-89 CALENDAR DAYS <input type="checkbox"/> 90-119 CALENDAR DAYS <input type="checkbox"/> 120+ CALENDAR DAYS			
B2 WILL YOU BE DISTRIBUTING ADVERTISING LEAFLETS OTHER THAN MAILOUTS?			
B3 DO YOU INTEND TO SELL USED MERCHANDISE?			
B4 DO YOU INTEND TO BUY JEWELRY, GOLD, SILVER, OR SCRAP IRONS FROM THE GENERAL PUBLIC?			
B5 DO YOU INTEND TO SELL DOOR-TO-DOOR?			
B6 DO YOU INTEND TO MAKE SALES FROM A VEHICLE?			
B7 DO YOU INTEND TO PERMIT OR PROVIDE FOR PUBLIC DANCING ON THE PREMISES?			
B8 DO YOU LEASE, SELL, OWN, OR HAVE ON THE PREMISES ANY OF THE FOLLOWING FOR PUBLIC USE?  <input type="checkbox"/> POOL OR PINBALL TABLES <input type="checkbox"/> PINBALL MACHINES <input type="checkbox"/> VIDEO GAMES <input type="checkbox"/> AMUSEMENT RIDES <input type="checkbox"/> MUSIC MACHINES			
B9 DO YOU USE OR STORE HAZARDOUS OR FLAMMABLE MATERIALS? (SUCH AS GASOLINE, SOLVENTS, CAUSTIC AND WASTE OIL, OTHER THAN NORMAL HOUSEHOLD USE)			
B10 DO YOU GENERATE ANY HAZARDOUS WASTE?			
B11 DO YOU DO ANY AUTOMOBILE REPAIRS?			
B12 DOES YOUR ASSEMBLY AREA SERVE 50 OR MORE PEOPLE?			
B13 DO YOU DO ANY WELDING OR CUTTING?			
B14 IS YOUR BUSINESS A WOODCUTTING MACHINE SHOP OR MILLING OPERATION THAT PRODUCES DUST?			
B15 DO YOU DO ANY SPRAY FINISHING (FLAMMABLE LIQUID SPRAY FINISHING)?			
B16 DO YOU SELL TOBACCO PRODUCTS?			
B17 WILL THIS BE A HOME-BASED BUSINESS IN SAN JOSÉ?			

**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. 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

\_\_\_\_\_  
PRINT NAME & POSITION WITH COMPANY

\_\_\_\_\_  
SIGNATURE

**REVERSE SIDE MUST BE COMPLETED**