CITY OF SAN DIEGO California
OFFICE OF THE CITY TREASURER
BUSINESS TAX PROGRAM
PO BOX 122289
SAN DIEGO CA 92112-2289
(619) 615-1500 8:00 a.m.-5:00 p.m. M-F
www.sandiego.gov

Certificate/Account Number

Business Tax Application

- ☐ Sole Proprietorship
- ☐ Husband & Wife Sole
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Limited Liabilty Company
- ☐ Corporation
- ☐ S-Corporation
- ☐ Trust
- ☐ Non-Profit Org.

Business Name (DBA):

Business Owner Name (individual/partnership/corporate name):

Business Telephone and Address Information

☐ Do not publish our business information on the new business or active business listings.

☐ **Home-Based Business?**
(Residential Address Must be Listed as the Business Address)

Business Telephone Number: ( )

Fax Telephone Number: ( )

Business Address:

E-Mail Address (e.g. JohnDoe@company.com):

Suite:

Post Office Box Number:

Personal Mail Box (PMB):

City:

State:

Zip Code:

Country:

Mailing Telephone and Address Information

☐ **Same as Business Address?**

Mailing Telephone Number:

To The Attention of:

Mailing Address:

Mailing Suite:

Post Office Box Number:

Personal Mail Box (PMB):

City:

State:

Zip Code:

Country:

Business Activity

Business Start Date in San Diego for this Location: (MM/DD/YYYY)

Number of Employees:

Number of Units:

Federal Employer Identification Number (FEIN):

Seller's Permit Number (BEAN):

Do You or Will You Sell Cigarettes, Tobacco Products or Smoking Paraphernalia? ☐ Yes ☐ No

Business Activity Types:

- Agriculture (11)
- Mining (21)
- Utilities (22)
- Construction (23)
- Manufacturing (31-33)
- Wholesale (42)
- Retail (44-45)
- Transportation and Warehousing (48-49)
- Information Services (51)
- Finance and Insurance (52)
- Real Estate/Rental/Leasing (53)
- Professional/Scientific/Technical (54)
- Management Service (55)
- Administrative and Support (56)
- Educational Services (61)
- Health Care/Social Assistance (62)
- Arts/Entertainment/Recreation (71)
- Accommodation/Foodservices (72)
- Other Services (81)
- Public Administration (92)

DETAILED DESCRIPTION IS MANDATORY.

Describe Primary Business Activity in Detail:

Primary Activity Code:

Describe Additional Business Activity in Detail:

Secondary Activity Code:

Fire Questionnaire

1. Please indicate whether your business uses, stores, or handles any of the materials listed below:

☐ Compressed Gases ☐ Explosives or Blasting Agents ☐ Highly Toxic Materials ☐ Pyrophoric Materials ☐ Water-Reactive Materials
☐ Corrosive Materials ☐ Flammable or Combustible Liquids ☐ Organic Peroxides ☐ Radioactive Materials ☐ Other Health Hazards
☐ Cryogenic Fluids ☐ Flammable Solids ☐ Oxidizers ☐ Unstable (Reactive) Materials

2. Please indicate whether the below-listed equipment or processes are used in your business:

☐ Auto Repair ☐ Combustible Metals ☐ Dust Producing ☐ Metal Plating ☐ Painting/Silk Screening ☐ Spray Painting
☐ Chemical Storage ☐ Dip Tanks ☐ Flow Coaters ☐ Industrial Ovens/Kilns ☐ Semiconductor Fabrication ☐ Welding/Cutting

3. Please indicate whether there is a detection or fire extinguishing system within your facility:

☐ Building Fire Protection Sprinkler System ☐ Commercial Cooking Fire Extinguishing System ☐ Dry Chemical Extinguishing System (Not a Fire Extinguisher) ☐ Fire Alarms (Not Smoke Alarm)

4. Please indicate if the following applies to your business:

☐ Any business where 50 or more persons may gather together in a building, room, or structure used for drinking, dining, education, entertainment, or worship.

☐ **None of the above apply to this business and/or business address is not in City limits of San Diego.**

Ownership Information (Individual/Partners/Corporate Officers)

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made herein are grounds for denial or revocation of the business application.

FOR OFFICE USE ONLY

Amount Owed:

Amount Paid:

Balance Due:

Date Paid:

Payment Type: Cash - Check - Money Order
Credit Card - Debit Card

Processed By:_____

SIGNATURE **DATE**