



CITY OF SAN DIEGO California

OFFICE OF THE CITY TREASURER
BUSINESS TAX PROGRAM
PO BOX 122289
SAN DIEGO CA 92112-2289
(619) 615-1539 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 Liability Company
- Corporation
- S-Corporation
- Trust
- Non-Profit Org.

Business Name (DBA):

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

Business Telephone and Address Information Home-Based Business?

Do not publish our business information on the new business or active business listings. (Residential Address Must be Listed as the Business Address)

Business Telephone Number: ()		E-Mail Address:		Fax Telephone Number: ()	
Business Address:		Suite:	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:	
Federal Employer Identification Number (FEIN):		Board of Equalization Seller's Permit Number:	

Business Activity Types:

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

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Compressed Gases | <input type="checkbox"/> Explosives or Blasting Agents | <input type="checkbox"/> Highly Toxic Materials | <input type="checkbox"/> Pyrophoric Materials | <input type="checkbox"/> Water-Reactive Materials |
| <input type="checkbox"/> Corrosive Materials | <input type="checkbox"/> Flammable or Combustible Liquids | <input type="checkbox"/> Organic Peroxides | <input type="checkbox"/> Radioactive Materials | <input type="checkbox"/> Other Health Hazards |
| <input type="checkbox"/> Cryogenic Fluids | <input type="checkbox"/> Flammable Solids | <input type="checkbox"/> Oxidizers | <input type="checkbox"/> Unstable (Reactive) Materials | |

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

- | | | | | | |
|---|---|---|---|--|--|
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Combustible Metals | <input type="checkbox"/> Dust Producing | <input type="checkbox"/> Metal Plating | <input type="checkbox"/> Painting/Silk Screening | <input type="checkbox"/> Spray Painting |
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Dip Tanks | <input type="checkbox"/> Flow Coaters | <input type="checkbox"/> Industrial Ovens/Kilns | <input type="checkbox"/> Semiconductor Fabrication | <input type="checkbox"/> Welding/Cutting |

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Building Fire Protection
Sprinkler System | <input type="checkbox"/> Commercial Cooking Fire
Extinguishing System | <input type="checkbox"/> Dry Chemical Extinguishing System (Not a
Fire Extinguisher) | <input type="checkbox"/> 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:	MI:	Last Name:	Suffix (Jr/Sr/ III):
Social Security Number:	Title:	Residence Telephone Number:	
Email Address:	Residence Address:		Suite Number:
City:	State:	Zip Code:	
Professional License Number:	License Type:		

First Name:	MI:	Last Name:	Suffix (Jr/Sr/ III):
Social Security Number:	Title:	Residence Telephone Number:	
Email Address:	Residence Address:		Suite Number:
City:	State:	Zip Code:	
Professional License Number:	License Type:		

If additional partners/owners exist, please submit separate sheet listing requested info above

Police Regulated Activities (Circle Applicable Industries)

Submittal of a Police Permit application is required for each industry. For additional information regarding Police Permit fees and requirements visit <http://www.sandiego.gov/treasurer/taxesfees/pdpermits/index.shtml> or call (619) 615-1500.

Arcade	Massage Establishment	Peep Show
Auto Dismantler	Massage Therapist	Pool Room
Bowling Alley	Massage Therapist Off-Premise	Promoter
Cardroom Business	Money Exchange	Second Hand Non-Tangible
Comm Rec Theater (Burlesque)	Nude Entertainment Business	Second Hand Tangible
Live Entertainment (Alcohol)	Nude Entertainer	Solicitor/Curb Painter
Live Entertainment (No Alcohol)	Outcall Nude Entertainment Bus	Swap Meet Annual (Owner)
Holistic Health Practitioner Bus	Pawn Broker	Tobacco Retailer
Holistic Health Practitioner	Pedicab Operator	

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