



# 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 Liability 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Do not publish our business information on the new business or active business listings.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:	

### FOR OFFICE USE ONLY

**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.**

Amount Owed:  
 Amount Paid:  
 Balance Due:  
 Date Paid:  
 Payment Type: Cash - Check - Money Order  
                   Credit Card - Debit Card  
 Processed By: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE