



# 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

PLEASE COMPLETE  
IN INK

Certificate/Account Number

## Business Tax Application

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

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

<b>Business Telephone and Address Information</b>		<input type="checkbox"/> <b>Home-Based Business?</b> <small>(Residential Address Must be Listed as the Business Address)</small>	
<input type="checkbox"/> Do not publish our business information on the new business or active business listings.			
Business Telephone Number: (       )	Fax Telephone Number: (       )		
Business Address:	E-Mail Address (e.g. JohnDoe@company.com):		
Suite:	Personal Mail Box (PMB):		
City:	State:	Zip Code:	Country:

<b>Mailing Telephone and Address Information</b>		<input type="checkbox"/> <b>Same as Business Address?</b>	
Mailing Telephone Number:	To The Attention of:		
Mailing Address:			
Mailing Suite:	Post Office Box Number:	Personal Mail Box (PMB):	
City:	State:	Zip Code:	Country:

<b>Business Activity</b>	
Business Start Date in San Diego for this Location: (MM/DD/YYYY)	Number of Employees in San Diego at this Location:
Federal Employer Identification Number (FEIN):	Seller's Permit Number (BEAN):

<b>Do You or Will You Sell Cigarettes, Tobacco Products or Smoking Paraphernalia?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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### 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:

- 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