



BUSINESS TAX APPLICATION

Office of the City Treasurer

Business Tax Program

P.O. Box 122289

San Diego, CA 92112-2289

(619) 615-1500 9:00 a.m. – 4:00 p.m. M-F

For Office Use Only

BTC/Permit No.: _____

Amount Paid/Owed: _____

Date Paid: _____

Payment Type: _____

Processed By: _____

PART 1. BUSINESS INFORMATION

(PLEASE TYPE OR PRINT CLEARLY)

| | | | |
|------------------------------------|--|--|--|
| Ownership Type (Check One): | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> S-Corporation |
| | <input type="checkbox"/> Married Couple | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit Org. |

☐ Do not publish our business information within the new business or active listings
☐ Home-Based Business? If yes, residential address must be listed as the Business Address.

NAME OF BUSINESS (DBA): _____

BUSINESS OWNER NAME (individual/partnership/corporate name): _____

BUSINESS PHONE: _____ FAX #: _____ EMAIL ADDRESS: _____

BUSINESS ADDRESS: _____
(Cannot be P.O. Box or PMB) NUMBER STREET NAME SUITE NO.

_____ CITY STATE ZIP CODE

☐ Mailing Address is same as Business Address

MAILING ADDRESS: _____
_____ NUMBER STREET NAME SUITE NO.

_____ CITY STATE ZIP CODE

BUSINESS START DATE (MM/DD/YYYY): _____ TOTAL # OF EMPLOYEES IN SAN DIEGO: _____
(in the City of San Diego) (at this location)

_____ FEDERAL TAX ID NUMBER STATE SELLER'S PERMIT NUMBER

PART 2. BUSINESS ACTIVITIES

DETAIL DESCRIPTION OF PRIMARY BUSINESS ACTIVITY: _____

DETAIL DESCRIPTION OF SECONDARY BUSINESS ACTIVITY: _____

PART 3. OWNERSHIP INFORMATION – Enter names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

| | (CIRCLE ONE) OWNER / PARTNER / OFFICER/ CEO/ PRESIDENT / _____ | (CIRCLE ONE) CO-OWNER / PARTNER / OFFICER / VP / _____ |
|----------------------------------|---|---|
| FULL NAME | | |
| RESIDENTIAL ADDRESS | | |
| TELEPHONE NUMBER | | |
| EMAIL ADDRESS | | |
| SOCIAL SECURITY NUMBER | | |
| PROFESSIONAL LICENSE NUMBER/TYPE | | |

PART 4. REGULATED BUSINESS ACTIVITIES

Submittal of a Regulatory application is required for each industry. For additional information regarding Police Permit Fees and requirements, visit <https://www.sandiego.gov/treasurer/taxesfees/pdpermits> or <https://www.sandiego.gov/sidewalk-vending> for Sidewalk Vending information.

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Arcade | <input type="checkbox"/> Holistic Health Practitioner | <input type="checkbox"/> Pedicab Industry |
| <input type="checkbox"/> Auto Dismantler | <input type="checkbox"/> Massage Establishment | <input type="checkbox"/> Peep Show |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Pool Room |
| <input type="checkbox"/> Cardroom Industry | <input type="checkbox"/> Massage Therapist Off-Premise | <input type="checkbox"/> Promoter |
| <input type="checkbox"/> Commercial Rec. Theater | <input type="checkbox"/> Money Exchange | <input type="checkbox"/> Second Hand Dealer |
| <input type="checkbox"/> Firearms Industry | <input type="checkbox"/> Nude Entertainment Establishment | <input type="checkbox"/> Swap Meet Annual (Owner) |
| <input type="checkbox"/> Live Entertainment (Alcohol) | <input type="checkbox"/> Nude Entertainer | <input type="checkbox"/> Tobacco Retailer |
| <input type="checkbox"/> Live Entertainment (No Alcohol) | <input type="checkbox"/> Outcall Nude Entertainment | <input type="checkbox"/> Sidewalk Vending |
| <input type="checkbox"/> Holistic Health Practitioner Business | <input type="checkbox"/> Pawn Broker | |
- ☐ **None of the items listed above apply**

PART 5. FIRE SURVEY AND SB205 QUESTIONNAIRE

Section 1 - Fire Survey: The activities listed below typically involve the storage, handling, and disposal of hazardous substances and will require review and approval from the City of San Diego Fire-Rescue Department. This list is not inclusive; there may be additional activities not included that will require an inspection. For questions call (619) 533-4300.

AUTOMOTIVE

- ☐ Battery Manufacturing/Recycling
- ☐ Boat Yard
- ☐ Car Wash
- ☐ Dealership Maintenance/Painting
- ☐ Machine Shop
- ☐ Painting
- ☐ Radiator Shop
- ☐ Rental Yard Equipment
- ☐ Auto Repair & Maintenance
- ☐ Spray Booth
- ☐ Transportation Services
- ☐ Wrecking/Recycling

CHEMICAL HANDLING

- ☐ Agricultural Supplier/Distributor
- ☐ Chemical Manufacturer
- ☐ Chemical Supplier/Distributor
- ☐ Coatings/Adhesive
- ☐ Compressed Gas Supplier/Distributor
- ☐ Dry Cleaning
- ☐ Fiberglass/Resin Application
- ☐ Gas Station
- ☐ Commercial & Industrial Laundry
- ☐ Laboratory (Medical/Biological)
- ☐ Laboratory Supplier/Distributor
- ☐ Oil & Fuel Bulk Supply
- ☐ Pesticide Operator/Distributor

☐ **None of the items in Section 1 apply**

CHEMICAL HANDLING CONT.

- ☐ Photographic Processing
- ☐ Print Shop/Blue Printing
- ☐ Road Coatings
- ☐ Pool Supplies & Maintenance
- ☐ Toxic Gas Handler/Manufacturer

ELECTRONICS

- ☐ Electronic Assembly
- ☐ Printed Circuit Board Manufacturing

METAL WORKING

- ☐ Anodizing
- ☐ Chemical Milling/Etching
- ☐ Finish-Coasting/Painting
- ☐ Flame Spraying
- ☐ Foundry
- ☐ Machine Shop Drilling/Lathes/Mills
- ☐ Metal Plating
- ☐ Metal Prepping/Chemical Coating
- ☐ Precious Metal Recovery
- ☐ Sand Blasting/Grinding
- ☐ Steel Fabricator
- ☐ Wrought Iron Manufacturing

OTHER

- ☐ Aerospace Industry/Mfg/Maintenance
- ☐ Asphalt Plant
- ☐ Biotech Research & Development

OTHER CONT.

- ☐ Breweries
- ☐ Co-Generation Plant
- ☐ Medical or Dental Clinic/Offices
- ☐ Dialysis Center
- ☐ Electronic Substations
- ☐ Emergency Generator
- ☐ Frozen Food Processing Facility
- ☐ Hazardous Waste Handler
- ☐ Hospitals
- ☐ Import/Export Business
- ☐ Industrial Ovens/Kilns
- ☐ Marine Fuel Docks
- ☐ Pharmaceutical Manufacturing
- ☐ Silk Screening Printing
- ☐ Public Utility
- ☐ Refrigeration System
- ☐ Rock Quarry
- ☐ Ship Repair/Construction
- ☐ Spray Painting
- ☐ Storage Racks
- ☐ Surfboard Manufacturing/Repairs
- ☐ Telecommunications Cell Site
- ☐ Veterinary Clinic/Hospital
- ☐ Wood/Furniture Refinish or Mfg.
- ☐ Marijuana Grow Room/Extraction

Section 2 - Fire Survey: 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 | <input type="checkbox"/> Fire Alarm System |
|--|---|--|--|
- ☐ This is a business where 50 or more persons may gather together in a building, room, or structure used for drinking, dining, education, entertainment, meeting, or worship.
- ☐ **None of the items in Section 2 apply**

Section 3 - SB205 Questionnaire: Does your business perform any of the following activities found under [Attachment A](#) of the California State Water Resource Control Board's Industrial General Permit (IGP) program: manufacturing, hazardous waste treatment, storage disposal, recycling facility or transportation facility. If yes, please provide the following: ☐ Yes ☐ No

WDID Number: _____

SIC Code: _____

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.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE