



BUSINESS TAX APPLICATION

Office of the City Treasurer
 Business Tax Program
 P.O. Box 122289
 San Diego, CA 92112-2289
 (619) 615-1500 8:00 a.m. – 5:00 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"/> Husband & Wife Sole	<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Do not publish our business information within the new business or active listings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)

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

SAN DIEGO BUSINESS START DATE (MM/DD/YYYY): _____ TOTAL # OF EMPLOYEES IN SAN DIEGO: _____

_____ 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	(Street) - _____ (City/State/Zip Code) - _____	(Street) - _____ (City/State/Zip Code) - _____
TELEPHONE NUMBER		
EMAIL ADDRESS		
SOCIAL SECURITY NUMBER		
PROFESSIONAL LICENSE NUMBER/TYPE		

PART 4. POLICE REGULATED ACTIVITIES

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.

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"/> Solicitor/Curb Painter |
| <input type="checkbox"/> Live Entertainment (Alcohol) | <input type="checkbox"/> Nude Entertainer | <input type="checkbox"/> Swap Meet Annual (Owner) |
| <input type="checkbox"/> Live Entertainment (No Alcohol) | <input type="checkbox"/> Outcall Nude Entertainment | <input type="checkbox"/> Tobacco Retailer |
| <input type="checkbox"/> Holistic Health Practitioner Business | <input type="checkbox"/> Pawn Broker | |
- None of the items listed above apply

PART 5. FIRE SURVEY QUESTIONNAIRE

Section 1

The activities 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. Any activity not included on this list, which stores, handles, or uses hazardous materials, may still require an inspection. For questions call (619) 533-4300.

Check all that apply

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-Coating/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

Please indicate whether there is a detection or Fire Extinguishing system with 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 in a building, room, or structure used for drinking, dining, education, entertainment, meeting, or worship.
- None of the items in Section 2 apply

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