

PAYMENT MUST BE RECEIVED OR POSTMARKED BEFORE
THE START DATE TO AVOID PENALTIES AND INTEREST.

REGISTRATION FORM
BUSINESS TAX
(408) 535-3510



CITY OF SAN JOSE
200 E. Santa Clara St
SAN JOSÉ CA 95113

YOU MUST COMPLETE BOTH SIDES.

PLEASE PRINT OR TYPE.

OFFICE USE ONLY	
SIC CODE	
EXMP FEE	
HB PRIOR	HB CRNT
HB PENALTY	
BID PRIOR	
BID CURRENT	
BID PENALTY/INTEREST	
PRIOR TAX	
CURRENT TAX	
PENALTY/INTEREST	
TOTAL DUE	
VERIFIED BY	
CASH RECEIPT #	
MAIL APP. AMT REC'D	
DATE/INITIALS	

A1 BUSINESS NAME		A9 OWNER NAME(S)/PARTNERS/CORPORATE NAME	
A2 BUSINESS ADDRESS (No PO Box or Mail Drop Addresses) NO DIR. ST/AV/BL SUITE/RM CITY STATE ZIP		A10 TYPE OF OWNERSHIP (CIRCLE ONE) S = SOLE PROPRIETOR P = PARTNERSHIP C = CORPORATION OTHER _____	
A3 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) NO DIR. ST/AV/BL SUITE/RM CITY STATE ZIP		A11 NATURE OF BUSINESS	
A4 BUSINESS PHONE		A12 NUMBER OF OWNERS/EMPLOYEES IN SAN JOSÉ NO. OWNER (S), OFFICER (S) NO. FULL TIME EMPLOYEES NO. PART-TIME _____ = FULL TIME EQUIVALENT TOTAL OWNER(S)/EMP(S) <input type="text"/>	
A5 START DATE IN SAN JOSÉ		A13 STATE RESALE NO.	
A6 FEDERAL IDENTIFICATION NO.		A14 COUNTY HEALTH PERMIT NO.	
A7 SOCIAL SECURITY NO.			
A8 STATE CONTRACTOR: NO. TYPE			

A15 CONFIDENTIAL/EMERGENCY CONTACT INFORMATION
OWNER/CORPORATE OFFICER INFORMATION

SOURCE CODE NO

OWNER NAME _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE /ID# _____ DATE OF BIRTH ____/____/____

RESIDENCE PHONE NO. _____

DAY TIME PHONE NO _____ FAX NO. _____

PAGER NO. _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT NOT LIVING WITH YOU _____

RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____

REVERSE SIDE MUST BE COMPLETED AND SIGNED

ANSWER ALL THE QUESTIONS BELOW

PLEASE CHECK YES, NO, OR N/A (Not Applicable)	YES	NO	N/A
B1 IS YOUR BUSINESS ADDRESS LOCATED OUTSIDE OF SAN JOSÉ? IF YOU ANSWERED YES, CHECK THE NUMBER OF DAYS YOU WILL BE IN SAN JOSÉ DURING A TAX YEAR: <input type="checkbox"/> 5 OR LESS CALENDAR DAYS <input type="checkbox"/> 6-29 CALENDAR DAYS <input type="checkbox"/> 30-89 CALENDAR DAYS <input type="checkbox"/> 90-119 CALENDAR DAYS <input type="checkbox"/> 120+ CALENDAR DAYS			
B2 WILL YOU BE DISTRIBUTING ADVERTISING LEAFLETS OTHER THAN MAILOUTS?			
B3 DO YOU INTEND TO SELL USED MERCHANDISE?			
B4 DO YOU INTEND TO BUY JEWELRY, GOLD, SILVER, OR SCRAP IRONS FROM THE GENERAL PUBLIC?			
B5 DO YOU INTEND TO SELL DOOR-TO-DOOR?			
B6 DO YOU INTEND TO MAKE SALES FROM A VEHICLE?			
B7 DO YOU INTEND TO PERMIT OR PROVIDE FOR PUBLIC DANCING ON THE PREMISES?			
B8 DO YOU LEASE, SELL, OWN, OR HAVE ON THE PREMISES ANY OF THE FOLLOWING FOR PUBLIC USE? <input type="checkbox"/> POOL OR PINBALL TABLES <input type="checkbox"/> PINBALL MACHINES <input type="checkbox"/> VIDEO GAMES <input type="checkbox"/> AMUSEMENT RIDES <input type="checkbox"/> MUSIC MACHINES			
B9 DO YOU USE OR STORE HAZARDOUS OR FLAMMABLE MATERIALS? (SUCH AS GASOLINE, SOLVENTS, CAUSTIC AND WASTE OIL, OTHER THAN NORMAL HOUSEHOLD USE.)			
B10 DO YOU GENERATE ANY HAZARDOUS WASTE?			
B11 DO YOU DO ANY AUTOMOBILE REPAIRS?			
B12 DOES YOUR ASSEMBLY AREA SERVE 50 OR MORE PEOPLE?			
B13 DO YOU DO ANY WELDING OR CUTTING?			
B14 IS YOUR BUSINESS A WOODCUTTING MACHINE SHOP OR MILLING OPERATION THAT PRODUCES DUST?			
B15 DO YOU DO ANY SPRAY FINISHING (FLAMMABLE LIQUID SPRAY FINISHING)?			
B16 DO YOU SELL TOBACCO PRODUCTS? FOR MORE INFORMATION CALL (408) 501-0983			

I understand that:

The taxes are paid annually in advance and are not refundable. I will receive a business certificate, which is a receipt for payment of the business tax and must be posted in my place of business or carried. I must notify this office of any change in location, ownership, business name, basis of tax, and of termination of business. I must pay the tax annually upon expiration of my certificate. The business tax office is not required to issue renewal notices. The issuance of a Business Tax Certificate does not constitute a license to operate. All clearances and/or permits for all City of San José departments must be obtained, and I must comply with all other ordinances and/or laws.

I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect.

DATE

PRINT NAME & POSITION WITH COMPANY

SIGNATURE

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