

CITY OF SAN BERNARDINO BUSINESS REGISTRATION CERTIFICATE APPLICATION

NEW	RENEWAL	ACCOUNT NO.	CLASS	DATE STARTED	EXP. DATE	RETURN THIS FORM WITH YOUR REMITTANCE TO: CITY CLERK, P.O. BOX 1318 SAN BERNARDINO, CA 92402 OR CITY CLERK 300 NORTH "D" STREET 2ND FLR. SAN BERNARDINO, CA 92418 PHONE: (909) 384-5302 OR (909) 384-5035 FAX: (909) 384-5158	
THE FOLLOWING IS PUBLIC INFORMATION:							
DESCRIPTION OF BUSINESS/PRODUCTS SOLD						COMPUTATION OF FEES: IS THIS A CHANGE IN OWNERSHIP OF A BUSINESS? ___ YES ___ NO	
NAME OF OWNER (ATTACH SEPARATE SHEET FOR CORPORATE OFFICERS/PARTNERS)							
NAME OF BUSINESS							
LOCATION OF BUSINESS (CANNOT BE P.O. BOX)							
MAILING ADDRESS							
BUSINESS PHONE		STATE LIC. NO./EXP. DATE		STATE SALES TAX NO.		FEE AMOUNT GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS) APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT GROSS RECEIPTS PRIOR YEAR ADJUSTMENT: \$ _____ FLAT RATE: \$ _____ NUMBER OF VEHICLES: _____ \$ _____ NUMBER OF GAME OR VENDING MACHINES: _____ \$ _____ PERMIT FEE: _____ \$ _____ PENALTY: _____ % \$ _____ EXT. ENF. FEE: _____ % \$ _____ TOTAL AMOUNT DUE: \$ _____	
NUMBER OF EMPLOYEES			SQUARE FOOTAGE OF BUSINESS				
THE FOLLOWING IS CONFIDENTIAL INFORMATION:							
STATE LAW REQUIRES THE CITY TO OBTAIN INFORMATION FROM THE BUSINESSES IT REGISTERS AND TRANSMIT IT TO THE STATE FRANCHISE TAX BOARD. YOUR COMPLETION OF THE INFORMATION REQUESTED ON THIS APPLICATION IS APPRECIATED, AND WILL ELIMINATE THE NEED FOR A FRANCHISE TAX BOARD INVESTIGATOR TO CONTACT YOU TO OBTAIN THIS INFORMATION. THE FOLLOWING MAY BE RELEASED ONLY TO A TAXING AUTHORITY OR ANYONE WITH A COURT ORDER DEMANDING SAME (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.021).							
RESIDENCE ADDRESS OF OWNER							
HOME PHONE		DRIVER'S LIC. NO.		DATE OF BIRTH			
TYPE OF BUSINESS:	<input type="checkbox"/> SOLE OWNERSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION				
SOCIAL SECURITY #	PARTNERSHIP TAX I.D. #	CORPORATION I.D. #	STATE				
EMPLOYER IDENTIFICATION NO.			<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL			
FOR CEASED OR SOLD BUSINESSES ONLY: I DECLARE, UNDER PENALTY OF PERJURY, DO HEREBY CERTIFY THAT THE BUSINESS AS STATED ABOVE IS ___ NO LONGER OPERATING IN THE CITY OF SAN BERNARDINO, ___ HAS CEASED OPERATION, OR ___ WAS SOLD ON THE ___ DAY OF ___, 20___ IN THE CITY OF SAN BERNARDINO. IN ADDITION, I UNDERSTAND THAT OPERATING A BUSINESS WITHOUT A VALID BUSINESS REGISTRATION CERTIFICATE (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.005) IS A MISDEMEANOR. (IF THE BUSINESS WAS SOLD, PLEASE PROVIDE THE DATE SOLD, NEW OWNER NAME, MAILING ADDRESS & TELEPHONE NUMBER.)							



I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.
 (PLEASE NOTE: APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT SIGNATURE.)

SIGNATURE (X) _____
 OWNER AUTHORIZED REPRESENTATIVE

FOR OFFICE USE ONLY

RECEIPT OF FEES COLLECTED: AMOUNT: \$ _____ CHECK#: _____ DATE: _____ BY: _____