

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 LICENSE NUMBER / EXP. DATE		STATE SALES TAX NO.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">FEE AMOUNT</th> </tr> </thead> <tbody> <tr> <td>GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS) APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT GROSS RECEIPTS</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PRIOR YEAR ADJUSTMENT:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>FLAT RATE:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NUMBER OF VEHICLES: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NUMBER OF GAME OR VENDING MACHINES: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PERMIT FEE: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PENALTY: _____%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>EXT. ENF. FEE: _____%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>State Mandated Disability Access And Education Revolving Fund</td> <td style="text-align: center;">\$ <u>1.00</u></td> </tr> <tr> <td>TOTAL AMOUNT DUE:</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>			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: _____%	\$ _____	State Mandated Disability Access And Education Revolving Fund	\$ <u>1.00</u>	TOTAL AMOUNT DUE:	\$ _____
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NUMBER OF EMPLOYEES		SQ. FT. OF BUSINESS		EMAIL ADDRESS:																									
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																									
BUSINESS TYPE:		PARTNERSHIP		CORPORATION				LLC																					
SOCIAL SECURITY #		PARTNERSHIP TAX I.D. #		CORPORATION I.D. #				STATE																					
EMPLOYER IDENTIFICATION NUMBER				<input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL		State Mandated Disability Access And Education Revolving Fund TOTAL AMOUNT DUE: \$ _____																							
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 A SIGNATURE.)

SIGNATURE (X) _____

OWNER AUTHORIZED REPRESENTATIVE

FOR OFFICE USE ONLY

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