CITY OF SAN BERNARDINO BUSINESS REGISTRATION CERTIFICATE APPLICATION
PROPERTY RENTAL/LEASING

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 FAX: (909) 384-5158
OR (909) 384-5035

THE FOLLOWING IS PUBLIC INFORMATION:

PROPERTY ADDRESS

NAME OF OWNER (ATTACH SEPARATE SHEET FOR CORPORATE OFFICERS/PARTNERS)

NAME OF BUSINESS

OWNER'S MAIL ADDRESS

BUSINESS PHONE	ASSESSOR PARCEL NUMBER

BUSINESS TYPE:	SOLE OWNERSHIP ☐	PARTNERSHIP ☐	CORPORATION ☐	LLC ☐

PARTNERSHIP TAX I.D. #	CORPORATION I.D. #	STATE

☐ STATE	☐ FEDERAL	EMPLOYER IDENTIFICATION NO.

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 ELIMINTAE 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	SOCIAL SECURITY #

COMPUTATION OF FEES:

FOR NEW OWNERS ONLY, STATE DATE PROPERTY WAS OFFERED FOR RENT/LEASE: _____

IF DATE IS 12 MONTHS OR LONGER, STATE GROSS RENTS BELOW.

	FEE AMOUNT
GROSS RECEIPTS: $_____ (FOR PREVIOUS 12 MONTHS)	$_____
PRIOR YEAR ADJUSTMENT:	$_____
PENALTY: _____%	$_____
EXT. ENF. FEE: _____%	$_____
OTHER: _____	$_____
State Mandate Disability Access and Education Revolving Fund	$ 1.00
TOTAL AMOUNT DUE:	$_____

MANAGEMENT COMPANY NAME & ADDRESS

PHONE NO.

ON-SITE MANAGER NAME & PHONE NO.

Declaration of Ownership The undersigned states t

☐ Owner and sole occupant

☐ Not offered for rent/lease at this time

☐ Under renovation

☐ Boarded or unoccupied

☐ Other-Explain

☐ No longer owner of property as of (Date) _____
(If property was sold, please provide new owner name, address & telephone number below.)

Name: _____

Address: _____

_____

Phone: _____

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.)* I UNDERSTAND THAT BUILDING CODE OR PROPERTY MAINTENANCE VIOLATIONS MAY RESULT IN THE REVOCATION OF THIS BUSINESS REGISTRATION CERTIFICATE. I FURTHER UNDERSTAND THAT IT IS UNLAWFUL TO DEMAND OR RECEIVE PAYMENT OF RENT FOR ANY RENTAL PROPERTY WHICH HAS NOT BEEN ISSUED A BUSINESS REGISTRATION CERTIFICATE.

SIGNATURE (X)_____

☐ OWNER ☐ AUTHORIZED REPRESENTATIVE

FOR OFFICE USE ONLY

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