

LEGAL OWNER ENTITY NAME (OWNER NAME OR CORPORATION NAME . ATTACH CORPORATION INFO.)

CITY OF SANTA PAULA
P.O. BOX 569 SANTA PAULA, CA 93061
(805) 933-4211 or 933-4214 x214 or x215

FICTITIOUS BUSINESS NAME (DBA NAME USED TO IDENTIFY YOUR BUSINESS)

BUSINESS TAX STATEMENT

BUSINESS PHONE () OWNER/CORPORATION PHONE () SECONDARY PHONE ()

CERTIFICATE PERIOD FROM TO CITYLIMITS INSIDE OUTSIDE

TYPE OF OWNERSHIP SOLE PARTNERSHIP TRUST CORPORATION LLC OTHER _____

STATE CERT/LICENSE NO. EXP. DATE FED ID NO. STATE EMPLOYER ID NO.

PREVIOUS ESTIMATED GROSS RECEIPTS ACTUAL GROSS RECEIPTS ESTIMATED GROSS REC. FOR ENSUING YEAR

BOARD OF EQUALIZATION (RESALE NO.) SOCIAL SECURITY NO.

BUSINESS DESCRIPTION

VEHICLES LIVING UNITS MACHINES (VENDING AMUSE MUSIC) DATE OF BIRTH

BUSINESS ADDRESS (CANNOT BE A P.O. BOX) CITY STATE ZIP CODE

MAILING ADDRESS (WHERE YOU WANT US TO MAIL THE BUSINESS TAX CERTIFICATE)

TAX FEE PENALTY ADJUSTMENT CA FEE TOTAL

OWNER/CORPORATION ADDRESS CITY STATE ZIP CODE

\$1

NOTE: SUBMIT PAYMENT WITH THIS STATEMENT AND RETURN TO:

**CITY OF SANTA PAULA
BUSINESS TAX COLLECTOR
P. O. BOX 569, 970 VENTURA STREET
SANTA PAULA, CALIFORNIA 93061**

INSTRUCTIONS

- To determine your business tax, refer to the enclosed Business Tax fee brochure which lists the Group Numbers of different categories of Businesses and the fee schedule of each.
- Insert the tax fee amount, complete the form, sign and return it with your check in the proper amount
- Our office stands ready to assist you, please contact us if further clarification is needed.

Business Tax Collector
Declaration of Applicant:

By signing this statement: I/We declare, under penalty of perjury, that this certification is made by me, that I am authorized to make such statement, and to the best of my knowledge and belief it is a true, correct and complete return made in good faith for the period stated, pursuant to the provisions of the Business Tax Ordinance Code of the City of Santa Paula. I further certify there has been no change in the ownership since the last application or renewal.

APPLICANT'S SIGNATURE

DATE