

CITY OF BAKERSFIELD
CALIFORNIA

MAIL TO:
CITY OF BAKERSFIELD
P.O. BOX 2057
BAKERSFIELD, CA 93303

PREMISES MUST CONFORM TO ZONING.
BUILDING, FIRE AND HEALTH CODES.
CHANGE OF OWNERSHIP NEW BUSINESS
CHANGE OF ADDRESS

APPLICATION FOR BUSINESS TAX CERTIFICATE

PURSUANT TO ORDINANCES OF THE CITY OF BAKERSFIELD

PLEASE TYPE OR PRINT LEGIBLY IN INK

BUSINESS NAME _____ DATE _____

BUSINESS LOCATION _____
(Separate Certificate Required for Each Location) STREET CITY ST ZIP

MAILING ADDRESS _____
STREET CITY ST ZIP

KIND OF BUSINESS OR PROFESSION _____ TELEPHONE _____

NAMES AND ADDRESSES OF ALL OWNERS/CORPORATIONS LIST OFFICERS - INCLUDE TITLES

NAME	HOME ADDRESS				TELEPHONE
	STREET	CITY	ST	ZIP	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TYPE OF ORGANIZATION:

PARTNERSHIP CORPORATION FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

INDIVIDUAL Name _____ SSN _____

I claim exemption from the Business License Tax for the organization or individual named above since it is
 Tax Exempt under Internal Revenue Code Section 501(C)(3) or under State of California Revenue & Taxation Code Section 23701 or;

Considered a passive investment in the rental of Real Property under Internal Revenue Code Section 469.

I understand I may be required to provide proof of continued exemption from the Business License Tax upon request.

DATE COMMENCED BUSINESS IN BAKERSFIELD _____

CALIFORNIA STATE CONTRACTOR'S LICENSE NUMBER, IF ANY _____

SALES TAX PERMIT NO. _____ (_____)
ALPHA NUMERIC SUB

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115

ESTIMATED ANNUAL GROSS RECEIPTS IN BAKERSFIELD _____

I SWEAR UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature TITLE DATE
Owner, Partner, Agent or Officer of Corporation

License	Code Sect.
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ONCE YOU HAVE COMPLETED THE APPLICATION AND STATEMENT OF COMPLIANCE, PLEASE CALL THE TREASURY DIVISION AT (661) 326-3762 TO DETERMINE THE AMOUNT OF TAX DUE. AT THAT TIME, THE CLERK WILL BE ABLE TO ADVISE YOU WHETHER OR NOT THE APPLICATION CAN BE MAILED IN.