

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

**CITY OF BAKERSFIELD  
CALIFORNIA**



**APPLICATION FOR BUSINESS TAX CERTIFICATE  
PURSUANT TO ORDINANCES OF THE CITY OF BAKERSFIELD**

**PLEASE TYPE OR PRINT LEGIBLY IN INK**  
(Separate Certificate Required for Each Location)

BUSINESS NAME \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

KIND OF BUSINESS OR PROFESSION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAMES AND ADDRESS OF ALL OWNERS/CORPORATIONS LIST OFFICERS – INCLUDE TITLES

NAME	HOME ADDRESS	TELEPHONE
_____ Street _____	_____ City _____ State _____ Zip _____	_____
_____ Street _____	_____ City _____ State _____ Zip _____	_____
_____ Street _____	_____ City _____ State _____ Zip _____	_____

TYPE OF ORGANIZATION

PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ Name \_\_\_\_\_ SSN \_\_\_\_\_

I claim exemption from the Business License Tax for the organization or individual name 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 UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED AT CITY \_\_\_\_\_ STATE \_\_\_\_\_,**



\_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Signature

Owner, Partner, Agent or Officer of Corporations

License

Code Sect.

ONCE YOU HAVE COMPLETED THE APPLICATION, PLEASE CONTACT THE TREASURY DIVISION AT (661) 326-3762 TO DETERMINE THE AMOUNT OF TAX DUE. (Rev. 11/2010)