

Registration Form
 Business Tax
 Rental Property
 (408) 535-7055



Revenue Management
 Finance
 200 East Santa Clara St.
 San José, CA 95113-1905

OFFICE USE ONLY
SIC CODE
NAICS CODE
EXMP FEE
BID PRIOR
BID CURRENT
BID PENALTY/INTEREST
PRIOR TAX
CURRENT TAX
PENALTY/INTEREST
CA STATE IMPOSED FEE \$1.00
TOTAL DUE
VERIFIED BY
CASH RECEIPT #
MAIL APP. AMT REC'D
DATE/INITIALS

YOU MUST COMPLETE BOTH SIDES.

PLEASE PRINT OR TYPE.

BUSINESS NAME (IF APPLICABLE)		NAME OF PROPERTY OWNER (COMPLETE ONE)	
		PERSON'S NAME _____	
		CORPORATE NAME _____	
		PARTNERSHIP NAME _____	
		LTD LIABILITY CO NAME _____	
		TRUST NAME _____	
RENTAL PROPERTY ADDRESS (List All Properties on Reverse)		TYPE OF OWNERSHIP (CIRCLE ONE)	
		S = SOLE PROPRIETOR LLC = LIMITED LIABILITY CO	
		P = PARTNERSHIP T = TRUST	
		C = CORPORATION O = OTHER _____	
NO	DIR.	ST/AVE/BL	SUITE/RM
CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		ASSESSOR'S PARCEL NUMBER	
		<input type="checkbox"/> RESIDENTIAL LANDLORD	
		TOTAL NUMBER OF UNITS _____	
		<input type="checkbox"/> COMMERCIAL LANDLORD	
		TOTAL SQUARE FEET _____	
NO		DIR.	ST/AVE/BL
CITY		STATE	ZIP
BUSINESS PHONE		FEDERAL IDENTIFICATION NO.	
PURCHASE DATE		SOCIAL SECURITY NO.	

PRINCIPAL OWNER/AGENT FOR SERVICE

NAME _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE/ID# _____ DATE OF BIRTH _____ / _____ / _____

RESIDENCE PHONE NO. _____

DAY TIME PHONE NO. _____ FAX NO. _____

CELL PHONE NO. _____ E-MAIL ADDRESS _____

ADDITIONAL OWNER

NAME _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE/ID# _____ DATE OF BIRTH _____ / _____ / _____

RESIDENCE PHONE NO. _____

DAY TIME PHONE NO. _____ FAX NO. _____

CELL PHONE NO. _____ E-MAIL ADDRESS _____

BUSINESS TAX NO. _____

SOURCE _____

DISTRICT _____

REVERSE SIDE MUST BE COMPLETED AND SIGNED

**LIST ALL RESIDENTIAL AND COMMERCIAL PROPERTIES WITH THE SAME OWNERSHIP.
 PROPERTY WITH DIFFERENT OWNERSHIP MAY NEED A SEPARATE BUSINESS TAX.
 FOR RESIDENTIAL, ENTER THE NUMBER OF UNITS.
 FOR COMMERCIAL, ENTER THE SQUARE FOOTAGE.**

		NO. OF UNITS OR SQ. FT.	DATE PURCHASED	TYPE (DUPLEX, APARTMENT, ETC.)	ASSESSOR'S PARCEL NUMBER	BUSINESS TAX NUMBER
1	PROPERTY ADDRESS					
2	PROPERTY ADDRESS					
3	PROPERTY ADDRESS					
4	PROPERTY ADDRESS					
5	PROPERTY ADDRESS					
6	PROPERTY ADDRESS					
7	PROPERTY ADDRESS					
8	PROPERTY ADDRESS					
9	PROPERTY ADDRESS					
10	PROPERTY ADDRESS					

ATTACH LIST FOR ANY ADDITIONAL UNITS

I understand that:

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx

The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.cdda.ca.gov

The taxes are paid annually in advance and are not refundable. I will receive a Business Tax Certificate, which is a receipt for payment of the Business Tax and must be posted in my place of business or carried. I must notify this office of any change in location, ownership, business name, basis of tax, and of termination of business. I must pay the tax annually upon expiration of my certificate. The Business Tax Office is not required to issue renewal notices. The issuance of a Business Tax Certificate does not constitute a license to operate. All clearances and/or permits for all City of San José departments must be obtained, and I must comply with all other ordinances and/or laws. I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect.

DATE

PRINT NAME & POSITION WITH COMPANY

SIGNATURE

REVERSE SIDE MUST BE COMPLETED