

**FOR OFFICE USE ONLY:**

TAX ACCT. # \_\_\_\_\_  
CONTROL # \_\_\_\_\_  
SMC \_\_\_\_\_  
CLASS \_\_\_\_\_  
SINC \_\_\_\_\_ BOE \_\_\_\_\_



ADMINISTRATIVE SERVICES DEPARTMENT  
REVENUE SERVICES DIVISION-BUSINESS LICENSE TAX  
425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201  
Phone (209) 937-8313 Fax (209) 937-7184  
[www.stocktongov.com](http://www.stocktongov.com)

**BUSINESS LICENSE TAX APPLICATION**

**NEW** \_\_\_\_\_ Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Enterprise Zone: Yes \_\_\_\_\_ No \_\_\_\_\_  
**CHANGE** \_\_\_\_\_ Change from \_\_\_\_\_ Date of Change \_\_\_\_\_ Bus Lic # \_\_\_\_\_

**NOTE:** Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

**\*\*ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\***

**BUSINESS INFORMATION:**

- 1. Business Name (DBA) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_
- 2. Business Address (No PO Box) \_\_\_\_\_ Ste/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3. Business Mailing Address \_\_\_\_\_ Ste/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4. Square Footage of Business Facility \_\_\_\_\_ Owner of Property \_\_\_\_\_
- 5. Description of Business Activity \_\_\_\_\_

6. Are you Chamber of Commerce Green Certified? Yes \_\_\_\_\_ No \_\_\_\_\_ (For information contact Chamber of Commerce (209) 547-2770)

7. Is this a "Green Industry" business? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Business start date in the City of Stockton \_\_\_\_\_

9. Estimated Monthly Gross Receipts in Stockton \$ \_\_\_\_\_ Contractors can elect to use project amount see #10

10. **Contractor's only:** Project Amount \_\_\_\_\_ CA Contractor's License # \_\_\_\_\_  
Classification \_\_\_\_\_ Expiration Date \_\_\_\_\_

11. Seller's Permit # \_\_\_\_\_

12. Federal Tax ID # \_\_\_\_\_

13. Check One:  Single Owner  Partnership  Corporation  LP  LLC

**14. Owner(s) Information:** (Attach a separate piece of paper if additional space is needed.)

1. Name \_\_\_\_\_ Address (NO PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic./I.D.# \_\_\_\_\_ State \_\_\_\_\_

2. Name \_\_\_\_\_ Address (NO PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic./I.D.# \_\_\_\_\_ State \_\_\_\_\_

**COMPLETE PAGE 2 OF THE APPLICATION**

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**Corporation, LLC, or LP Information:**

Name (Must be Registered in California) \_\_\_\_\_ Corp/LLC/LP # \_\_\_\_\_

**Names of Officers/Members**

President: \_\_\_\_\_ Secretary: \_\_\_\_\_

Vice President: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**PLEASE NOTE:**

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton you must notify us in writing.

**I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Owner/Authorized Signature Title Date

\_\_\_\_\_  
Owner/Authorized Signature Title Date

\_\_\_\_\_  
Owner/Authorized Signature Title Date

**Disability Access and Education Fee (SB 1186)**

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

\*\*State Mandated Disability Access and Education Revolving Fund.

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:

- o The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx).
- o The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).
- o The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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Processed By:		Date:	Business License Taxes/Fees	Amount
Dept/Div Checked Must Approve or Deny		Authorized Signature and Date	Registration Tax	\$24.00
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		**State Mandated Disability Access and Education Revolving Fund	\$1.00
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Total Due	
			Expiration Date	

REMEMBER: TO PRINT A COPY FOR YOUR RECORD