



City of Santa Rosa
Business Tax Certificate Application

Business Tax Division
8839 N Cedar Ave #212, Fresno, California 93720
PH (707) 606-0046 • FAX (909) 348-0465
Apply Online Today At: https://santarosa.hdlgov.com

OFFICIAL USE ONLY
Bus. Tax Certificate No.
Expiration Date
NAIC Code
Tax Due \$
Check # Credit Card Cash

PLEASE TYPE OR PRINT WITH PEN - * Items that appear with an asterisk are public information

Business Name*
Corporate Name* (if applicable)
Business Location* (Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)
Mailing Address*
Bus Phone No.* Alt. No.
Description of Business
Ownership* Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit
Bus. Start Date*
New Application Change Home Occupation
Email Address*
Web Address*
State Sales Tax No.
Federal ID No.
State ID No.
State License No.
State License Type
Expire Date

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name* Title
Home Address (Cannot be P.O. Box)
Contact Person
Social Security No.
Driver's License No.
Home Phone No.
Cell Phone No.
Cell Phone No.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name
Address
Title
Phone No.
Cell Phone No.

Is this a home based business? Yes No Does this business involve sale of concealable firearms? Yes No
Is this a business involved in the Cannabis Industry? Yes No
If yes, choose all that apply. Cultivator Dispensary Distributor Manufacturer Other

Zoning Requirement: If you are a new business located inside the Santa Rosa city limits, you will need to go to the Planning and Economic Development Office, City Hall, Room 3 for zoning clearance. The Planning and Economic Development Office is open Monday through Friday. Please go to www.srcity.org/ped or call 707-543-3200 for counter hours.

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

Please provide the following information about your business.

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury that the statements made in this application are true and correct, and that all required licenses and permits are in full force and effect. I understand that a Business Tax Certificate does not permit business operation unless my business is properly zoned and/or in compliance with all applicable laws/rules. I understand that Sales or Use Tax may apply to my business activities.

SIGN HERE



Signature of Owner or Representative

Title Date

Thank you for doing business in the City of Santa Rosa

No. of Residential Rental Units #
No. of Owners/Employees #
No. of Delivery / Pickup Units #
Estimated First Year Annual Gross Receipts (GR) \$

NOTICE: 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.

RETURN APPLICATION BY MAIL TO:

City of Santa Rosa - Business Tax Support Center
8839 N. Cedar Ave #212
Fresno, CA 93720-1832

SCAN & RETURN APPLICATION BY EMAIL TO:

support@hdlgov.com