

CITY HALL HOURS
8AM-5PM
MONDAY-FRIDAY
P.O. BOX 61 11 ENGLISH ST.
PETALUMA, CA 94953
(707) 778-4354

City of Petaluma BUSINESS TAX APPLICATION

CITY USE ONLY	
\$ _____	
FEE CATEGORY _____	
SIC CODE _____	SALES CODE# _____
DISTRICT# _____	EXP. _____
REVIEW	
HOME OCCUPATION _____	
PLANNING _____	HEALTH _____
POLICE _____	
FIRE _____	

NEW CHANGE TRANSFER MC # _____

BUSINESS INFORMATION

BUSINESS NAME/DBA _____
PHYSICAL BUSINESS LOCATION _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
BUSINESS PHONE _____ EMERGENCY PHONE _____
DATE BUSINESS STARTED OR WILL START IN PETALUMA _____ OPERATING DAYS/HOURS _____
NUMBER OF EMPLOYEES IN PETALUMA _____

BUSINESS DESCRIPTION

CHECK ONE: MANUFACTURER RETAIL WHOLESALE PROFESSIONAL
 CONTRACTOR/SUB-CONTRACTOR SERVICES OTHER _____
DESCRIBE BUSINESS OPERATIONS IN DETAIL _____

OWNERSHIP INFORMATION

CHECK ONE: SOLE PROPRIETOR PARTNERSHIP CORPORATION

NAME(S) OF OWNER(S), PARTNER(S) OR CORPORATE OFFICERS		PROPERTY OWNER INFORMATION
NAME _____	NAME _____	NAME _____
TITLE _____	TITLE _____	TITLE _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
HOME PHONE () _____	HOME PHONE () _____	HOME PHONE () _____

OTHER REQUIRED INFORMATION

SALES TAX/RESALE NUMBER _____ FEDERAL TAX ID/SSN _____
STATE TAX ID NUMBER _____ CONTRACTOR NUMBER _____ CLASS _____
PREVIOUS OWNER(S) NAME/TYPE OF BUSINESS _____
NON-PROFIT CORPORATION-IRS SECTION _____ (ATTACH AUTHORIZATION LETTERS)
ESTIMATED ANNUAL GROSS RECEIPTS _____

—USE BACK FOR MORE DETAIL—

PLEASE READ THE FOLLOWING AND SIGN BELOW

COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE COMPLIANCE WITH THE BUSINESS TAX CODE OF PETALUMA.
I HEREBY CERTIFY & DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE & CORRECT.
SIGNATURE _____ TITLE _____ DATE _____