

CITY OF REDWOOD CITY  
**BUSINESS TAX APPLICATION**  
P.O. BOX 3355  
1017 MIDDLEFIELD ROAD  
REDWOOD CITY, CA 94063  
TELEPHONE (650) 780-7214 / FAX (650) 368-6974

BUSINESS NAME \_\_\_\_\_ BUS. TEL. NO. \_\_\_\_\_

BUSINESS ADDRESS (include Zip Code) \_\_\_\_\_

MAILING ADDRESS (include Zip Code) \_\_\_\_\_

DESCRIPTION/TYPE OF BUSINESS \_\_\_\_\_

DATE BUSINESS OPENED IN REDWOOD CITY \_\_\_\_\_ NUMBER OF PERSONS (including owners, partners, and employees) \_\_\_\_\_

SELLERS PERMIT NO. IF APPLICABLE \_\_\_\_\_ STATE CONTRACTOR LIC. NO. IF APPLICABLE \_\_\_\_\_

BUSINESS OWNER'S NAME(S)	TITLE	HOME ADDRESS	HOME PHONE

BUSINESS TYPE:

- SOLE PROPRIETOR   
 CORPORATION   
 LIMITED PARTNERSHIP   
 JOINT VENTURE   
 LLC  
 PARTNERSHIP   
 CO-PARTNERS   
 BUSINESS TRUST   
 GOVERNMENT

FEDERAL TAX ID NO. \_\_\_\_\_

***If Real Estate Rental Business:***

RESIDENTIAL: No. of units \_\_\_\_\_  
COMMERCIAL: No. of square feet \_\_\_\_\_

NO. OF COIN MACHINES, if any \_\_\_\_\_  
NO. OF DELIVERY TRUCKS, if any \_\_\_\_\_

IN CASE OF EMERGENCY, LIST A CONTACT PERSON FOR POLICE AND FIRE DEPARTMENT:

Appropriate permits from the Planning, Building, Fire, Police and/or other Departments of the City may have to be secured before the start of your business. The business location, whether owned or leased, must be properly zoned and the building must meet fire code and hazardous materials standards. **A business tax license does not indicate clearance from the City, County, State or Federal Governments from permits or licenses, which may be required for your type of business. *\*\* BUSINESS TAX LICENSE FEES ARE NON-REFUNDABLE\*\****(Sec. 32.117). You may want to contact the appropriate City Departments and/or County, State or Federal agencies before submitting your application.

I declare, under penalty of perjury, that this application has been prepared by me or under my direction, and to the best of my knowledge and belief, is true and correct.

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

FEE CALCULATION

BASE FEE		= \$ <b>37.00</b>
No. of persons FT	x \$ _____	= \$ _____
No. of persons PT	x \$ _____	= \$ _____
No. of units	x \$ _____	= \$ _____
No. of square feet		
Commercial	x \$ _____	= \$ _____
PENALTY: 10% of total fees per month up to 100% per fiscal year.		= \$ _____
Fee Proration:		= \$ _____
<b>TOTAL FEES DUE</b>		= \$ _____

( See fee schedule to determine fees)

Credit Card Payment Information: MC VISA

Credit Card Number: \_\_\_\_\_

Credit Card Exp. Date: \_\_\_\_\_

Revenue Services: \_\_\_\_\_

Planning/Building & Inspection Approval: \_\_\_\_\_

APPLICANT'S SIGNATURE