

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 _____ NUMBER OF PERSONS (including owners, partners, and employees) _____

SELLERS PERMIT NO. _____ STATE CONTRACTOR LIC. NO. _____

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

BUSINESS TYPE:

- SOLE PROPRIETOR SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
- PARTNERSHIP CO-PARTNERS LIMITED PARTNERSHIP BUSINESS TRUST GOVERNMENT
- CORPORATION JOINT VENTURE LLC FEDERAL TAX ID # _____

If Real Estate Rental:
 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 license does not indicate clearance for the City, County, State or Federal permits or licenses, which may be required for your type of business. ** BUSINESS LICENSE FEES ARE NON-REFUNDABLE**** 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 _____

FOR OFFICE USE ONLY

FEE CALCULATION

BASE FEE _____ = \$ _____

No. of persons _____ x \$ _____ = \$ _____

No. of units _____ x \$ _____ = \$ _____

No. of square feet _____ = \$ _____

Commercial _____ x \$ _____ = \$ _____

PENALTY _____ = \$ _____

TOTAL FEES DUE = \$ _____

PLANNING REVIEW

APN _____

ZONING DISTRICT _____

CONDITIONS OF SECTION 2.50 (HOME OCCUPATION) _____

COUNTY / UN-INCORPORATED _____

REVIEWED BY _____

COMMENTS _____

APPLICANT'S SIGNATURE _____