

Account # _____
Customer ID # _____
License Ref # _____



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.stocktonca.gov

Business License Tax Affidavit Prior Year(s) Gross Receipts

COMPLETE AND RETURN WITH YOUR BUSINESS LICENSE APPLICATION

Business

Business Name: _____
Business Address: _____
Start Date of Business in Stockton: _____

Commercial or Residential Property

Property Owner Name: _____
Rental Property Address: _____
Parcel No. (APN): _____ Date Property Purchased: _____

List the gross receipts or rents in Stockton for the years indicated. Exclude taxes collected and sales of alcoholic beverages.

2017 \$ _____

2018 \$ _____

2019 \$ _____

2020 \$ _____

I certify under penalty of perjury that the information above is true and correct.

Signature of Owner Print Name Date

Mailing Address City State Zip (____) Phone