



**FOR OFFICE USE ONLY:**

TAX ACCT. # \_\_\_\_\_  
CONTROL # \_\_\_\_\_  
SMC \_\_\_\_\_  
CLASS \_\_\_\_\_

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  
Email: [bl@stocktonca.gov](mailto:bl@stocktonca.gov)  
[www.stocktonca.gov](http://www.stocktonca.gov)

**BUSINESS LICENSE TAX APPLICATION**

**NEW LIC** \_\_\_\_\_ Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Square Footage \_\_\_\_\_  
**CHANGE** \_\_\_\_\_ Change From \_\_\_\_\_ Date of Change \_\_\_\_\_ Bus Lic # \_\_\_\_\_

**NOTE:** Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

**BUSINESS INFORMATION:**

1. Business Name (DBA) \_\_\_\_\_ Phone ( ) \_\_\_\_\_
2. Business Address \_\_\_\_\_ Ste/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Cannot be PO Box per CA Bus & Prof Code Section 17538.5) (List address where each individual consent to receive service of process AB2184 Sec 1600.)
3. Business Mailing Address \_\_\_\_\_ Ste/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from the service process address/Business address)
4. Business Email Address \_\_\_\_\_

**5. Business involved in renting residential or commercial real estate (Stockton only):**

**Property Address** \_\_\_\_\_  
**Property Owner** \_\_\_\_\_ **Parcel #** \_\_\_\_\_

6. Detail Description of Business Activity \_\_\_\_\_
7. Standard Industrial Classification (SIC): \_\_\_\_\_ Major Group: \_\_\_\_\_
8. Are you Chamber of Commerce Green Certified? Yes \_\_\_ No \_\_\_ (For information contact Chamber of Commerce (209) 547-2770)
9. Start date in the City of Stockton \_\_\_\_\_ Estimated **Monthly** Gross Receipts in Stockton \$ \_\_\_\_\_
10. **Contractor's only:** Project Amount \_\_\_\_\_ CA Contractor's License # \_\_\_\_\_  
Classification \_\_\_\_\_ Expiration Date \_\_\_\_\_  Annual  Quarterly Contractors License
11. Seller's Permit # \_\_\_\_\_ SS# or Tax ID # \_\_\_\_\_
12. Check One:  Single Owner  Partnership  Corporation  LP  LLC

**OWNER(S) INFORMATION:** (The following personal information is not public and will not be shared in accordance with city policy OL-103.) Proof of compliance with Business and Professions Code Section 17538.5(b)(2)(A)(B) may be submitted in lieu of home address.

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's Lic or Other I.D.# \_\_\_\_\_ State \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's Lic or Other I.D.# \_\_\_\_\_ State \_\_\_\_\_

**\*\* ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED \*\***

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**CORPORATION, LLC, or LP INFORMATION:** (Must be Registered in California)

Name \_\_\_\_\_ Corp/LLC/LP # \_\_\_\_\_

**Names of Officers/Members**

President: \_\_\_\_\_ Secretary: \_\_\_\_\_

Vice President: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**PLEASE NOTE:**

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton, you must notify us in writing. To appeal a business license that has been denied see SMC 5.04.210.A.

**I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Owner/Authorized Signature Title Date

\_\_\_\_\_  
Owner/Authorized Signature Title Date

**Disability Access and Education Fee (SB 1186)**

\*\*State Mandated Disability Access and Education Revolving Fund.

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:

- o The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx).
- o The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).
- o The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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Processed By:		Date:	Business License Taxes/Fees	Amount
<b>Dept/Div Checked Must Approve or Deny</b>		<b>Authorized Signature and Date</b>	Registration Tax	<b>\$24.00</b>
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		**State Mandated Disability Access and Education Revolving Fund	<b>\$4.00</b>
<input type="checkbox"/> MUD/Stormwater	Approved <input type="checkbox"/> Denied <input type="checkbox"/>			
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Total Due	
			Expiration Date	

**PLEASE RETAIN A COPY FOR YOUR RECORDS**