



Finance Department, P.O. Box 45017, Fresno, CA 93721-3611  
 Fresno City Hall – 2600 Fresno ST., Rm 1096, Fresno, CA 93721-3611  
 Phone (559) 621-6880, FAX – (559) 498-2544  
 Hours 10:00 a.m. – 5:00 p.m. Monday – Thursday, closed Friday

**APPLICATION FOR BUSINESS TAX CERTIFICATE**

It is your responsibility to check with the Planning Department, Police and Fire Departments to determine if your business is permitted in your proposed location. The Planning, Police and Fire Departments will review your proposed use to ensure it is consistent with the established zoning, building, police and fire regulations. It is your responsibility to meet with the appropriate city staff prior to opening for business or committing your business to a certain location.

**BUSINESS NAME:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

(No. P.O. Boxes or  
 Personal Mail Boxes-PMB)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**DATE BUSINESS STARTED IN FRESNO:** \_\_\_\_\_

**OWNERSHIP TYPE:** \_\_\_\_\_

**APPLICANT NAME/ADDRESS:** (OWNER OR IF PARTNERSHIP/CORP. GIVE NAMES OF PARTNERS OR CORP. OFFICERS)

TITLE1	TITLE2	TITLE3
NAME1	NAME2	NAME3
ADDRESS1	ADDRESS2	ADDRESS3
CITY1 STATE1 ZIP1	CITY2 STATE2 ZIP2	CITY3 STATE3 ZIP3
PHONE1	PHONE2	PHONE3
SOCIAL SECURITY NUMBER 1	SOCIAL SECURITY NUMBER 2	SOCIAL SECURITY NUMBER 3
DATE OF BIRTH1	DATE OF BIRTH2	DATE OF BIRTH3
DRIVERS LICENSE NUMBER1	DRIVERS LICENSE NUMBER2	DRIVERS LICENSE NUMBER3

**Please describe your business and the products or services you will provide. Include types of products and quantities stored:**

**PROVIDE THE FOLLOWING WHEN APPLICABLE:**

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 CALIFORNIA STATE SALES TAX NUMBER

\_\_\_\_\_  
 FEDERAL TAX ID. NUMBER

\_\_\_\_\_  
 CALIFORNIA STATE CONTRACTOR CLASS  
 LICENSE NUMBER

\_\_\_\_\_  
 STATE EMPLOYER IDENTIFICATION NUMBER

**SUPPLEMENTAL BUSINESS INFORMATION**

If your business is located outside of Fresno, please check this box

**Please check all boxes below to indicate permitted operations which involve:**  None

Taxi Cab Company  Taxi Cab Driver  Mobile Vendor  Hotel/Motel  Billiards and/or Computer/Video Games

**Type of business (please check one):**

Wholesale Income  Retail Income  Retail and Wholesale Income  Landlord  Service  State Licensed Professional  Contractor

**Previous use of site (please be specific):** \_\_\_\_\_

**Landlord/Property owner**  
(commercial locations only): Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

If you know your NAIC code as assigned by the state, please provide: \_\_\_\_\_

Number of Employees \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Current Year Estimated Gross Receipts in City of Fresno \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_

Do you sell your service or product outside of California? Yes  No

If Yes, what is the current year estimated gross value of the product/service you export \$ \_\_\_\_\_

\_\_\_\_\_ I acknowledge that the issuance of a Business Tax Certificate does not exempt me from the requirements of any applicable City, County, or State law (initial)  
\_\_\_\_\_ I acknowledge receipt of the supplemental "New Business Information Checklist" (available on the Business Tax Division/Printable Forms web page) (initial)

I hereby certify under penalty of perjury under the State laws of California that the above information is correct and I am an authorized representative of this business. I understand this application is a City of Fresno Municipal Code requirement and not a license to do business. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances, and regulations established for such business/profession.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, I, \_\_\_\_\_, Print full name  
BY SUBMITTING THIS APPLICATION. I ACCEPT THE CONDITIONS & DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

TITLE \_\_\_\_\_