

CITY OF TULARE
APPLICATION FOR BUSINESS TAX CERTIFICATE

New Business Change of Address Change of Ownership

DATE: _____

OFFICIAL USE ONLY

ACCOUNT NUMBER: _____ ZONE LOCATION: _____
S.I.C. CODE: _____

BUSINESS NAME: _____
BUSINESS DESCRIPTION: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBERS: BUSINESS: _____ CELL: _____
FAX: _____

BUSINESS TYPE: RETAIL WHOLESALE MANUFACTURING SERVICES OFFICE
OWNERSHIP TYPE: SOLE PROPRIETOR PARTNERSHIP L.L.C. CORPORATION TRUST

WEB PAGE: _____ E-MAIL ADDRESS: _____
RESALE NUMBER: _____ NUMBER OF EMPLOYEES: _____
CONTRACTOR TYPE: _____ CONTRACTOR NUMBER: _____
STATE LICENSE TYPE: _____ STATE LICENSE NUMBER: _____
HOME OCCUPANCY PERMIT APPROVAL: _____
ESTIMATED GROSS RECEIPTS (6 MONTH PERIOD): _____

NOT PUBLIC INFORMATION

BUSINESS OWNER/CEO: _____
BUSINESS PARTNER/CO-OWNER: _____
SERVICE OF PROCESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ SOCIAL SECURITY/DRIVER LICENSE # OR OTHER ID : _____
FEDERAL ID NUMBER: _____ STATE ID NUMBER: _____

IMPORTANT NOTICE TO APPLICANT: THE BUSINESS CERTIFICATE IS REQUIRED PURSUANT TO THE PROVISIONS OF TITLE V OF THE CITY OF TULARE CODE SOLELY TO RAISE REVENUE FOR MUNICIPAL PURPOSES AND IS NOT INTENDED FOR PURPOSES OF REGULATION. ISSUANCE OF A BUSINESS CERTIFICATE DOES NOT EXEMPT ANY INDIVIDUAL, ORGANIZATION, OR FIRM FROM COMPLYING WITH ALL REGULATORY PROVISIONS INCLUDING BUILDING, FIRE, POLICE, ZONING OR HEALTH AND SANITATION LAWS, OR ANY REQUIREMENTS FOR SPECIAL PERMITS.

APPLICANTS SIGNATURE: _____

TITLE: _____

CITY OF TULARE FINANCE DEPARTMENT
411 EAST KERN AVENUE, SUITE F – TULARE, CALIFORNIA 93274-4257
PHONE: (559) 684-4231 FAX (559) 685-2366

****MEMBER OF THE CALIFORNIA MUNICIPAL BUSINESS TAX ASSOCIATION****

OFFICIAL USE ONLY
For Office Use Only

PLANNING: _____ BUILDING: _____ FIRE: _____ POLICE: _____
DEV SER FEES:\$ _____ APPLICATION FEE:\$ _____ SB1186 FEE: \$4.00 TOTAL DUE: \$ _____