CITY OF SANTA ANA

20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447

BUSINESS LICENSE TAX APPLICATION

(PLEASE TYPE OR PRINT CLEARLY, USING BLACK INK)

AFFIDAVIT – CONFIDENTIAL (NOTE: We are unable to process an incomplete application. Please complete this application and submit with your payment.) Post Office boxes ***will not*** be accepted for either Business or Residential addresses. ***Please see appropriate tax schedule for fees due.***

Check One: ☐ New Business Application ☐ Purchase of Existing Business/Rental Property ☐ Home Based Business ☐ Additional Location in City

Business Name (DBA)_____ ***Santa Ana Business Start Date*** ____/____/____

Corporation Name (If Applicable)_____ ***Phone*** ( )_____

Business Location (PO Boxes Not Accepted)_____ ***Fax*** ( )_____

City_____ ***State***_____ ***Zip***_____ ***E-mail***_____

Mailing Address (If Different)_____

City_____ ***State***_____ ***Zip***_____ ***Emergency Phone*** ( )_____

Enter in Full State Seller's Permit # [_ _] [__] [_ _] [_ _ _ - _ _ _ _ _ _] [_ _ _ _]
(Attach Copy When Applicable) *Prefix* *Acct Nbr* *Sub Nbr*
Example: (SR Y EA 123-456789 00001) *Prefix* *Acct Nbr* *Sub Nbr*

Ownership of Business: ☐ Corporation ☐ Sole Proprietor ☐ Trust ☐ General Partnership ☐ Ltd Liability Co. ☐ Ltd Liability Partnership

Federal Tax I.D. # __ __ - __ __ __ __ __ __ __

BUSINESS OWNER INFORMATION - Enter Names of ***Owners, Partners, Members or Corporate Officers*** below – Use Additional Sheets as Necessary

Owner/Officer Name_____ ***Title*** _____ ***Social Security No.***_____

Home/or Corporate Address_____ ***Phone*** ( )_____

City_____ ***State***____ ***Zip***_____ ***Drivers License No.***_____

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Home/or Corporate Address_____ ***Phone*** ( )_____

City_____ ***State***____ ***Zip***_____ ***Drivers License No.***_____

TYPE OF BUSINESS ***(Check [√] all that apply)*** Please Provide the Required ***Standard Industrial Classification Code (SIC)*** [_____]

☐ Retail ☐ Wholesale ☐ Service Industry ☐ Marketing ☐ Manufacturing ☐ Sub-Manufacturing ☐ Commercial Cannabis Business ☐ Distribution ☐ Assembly

☐ Sub-Assembly ☐ Processing ☐ Administrative Office/Facility ☐ Headquarters Office/Facility ☐ Brokerage ☐ Professional Office

☐ Peddlers/Solicitors, (# of Persons_____) ☐ Vending Machines, (# Units___) ☐ Delivery Vehicle No Fixed Place of Business in the City (# Units _____)

☐ Catering/Produce/Ice Cream Trucks ☐ Carnival/Circus ☐ Entertainment/Amusements ☐ Rental Property - Commercial

☐ State Licensed Contractor-SLC #_____Class_____ ☐ Independent Contractor/Misc. 1099 ☐ Warehouse/Storage Only

☐ Banking/Finance ☐ Insurance Company/Agent ☐ Government Office ☐ Daycare or Nursery ☐ Nonprofit Organization ☐ Exempt ☐ Other

☐ **Rental Property – Residential, (# of Units _____) Does your rental property have a permitted Accessory Dwelling Unit (ADU)? YES ☐ / NO ☐**

(Please Note: City of Santa Ana Does Not Permit Nor License Short-Term Rentals)

Will there be Distribution or Supplying of Marijuana? YES ☐ / NO ☐ ***Will there be Sales of Tobacco Products?*** YES ☐ / NO ☐

Description of Business Activity _____

(To prevent a delay in processing your application, a description of business activities and (where applicable) a description of items sold must be entered on the line above.)

For Businesses at a Physical Location in Santa Ana Only

Check [√] One ☐ ***Owner-Occupied*** ☐ ***Tenant***

☐ ***Owner-Lessor*** ☐ ***Leaseholder-Lessor*** ☐ ***Sub-Tenant***

Enter the Name of Property Owner, Leaseholder or Property Mgmt. Information Below:

Name _____ ***Phone ( )*** _____

Address _____

I declare under penalty of perjury that this application (including accompanying documents) are, to the best of my knowledge, a true and correct statement of facts.

Signature _____ ***Title***_____

Print Name_____ ***Date*** ____/____/____

Please remember to submit the accompanying appropriate tax fee schedule in order to avoid delays.

If you pay by check and it is returned, you expressly authorize the electronic debit of your account for the check amount plus a processing fee.

☐ ***Gross Receipts*** ☐ ***Flat Rate*** ☐ ***Variable Flat Rate*** ☐ ***Nonprofit*** ☐ ***Exempt*** ☐ ***Other***

**** OFFICIAL USE ONLY***

BTN _____

C of O # _____

HOP #_____

POLICE CLEARANCE ☐ YES ☐ NO

TOBACCO SALES ☐ YES ☐ NO

NOTES: _____

_____Initial: _____