



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 # [][][][] [][][][][] [][][][][][] Example: (SR Y EA 123-456789 00001) (Attach Copy When Applicable) Prefix Acct Nbr Sub Nbr 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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TYPE OF BUSINESS (Check [] all that apply) Please Provide the Required Standard Industrial Classification Code (SIC) [][][][]

- [] Retail [] Wholesale [] Service Industry [] Marketing [] Manufacturing [] Sub-Manufacturing [] Adult-Use Cannabis Retailer
[] Distribution [] Assembly [] Sub-Assembly [] Processing [] Administrative Office/Facility [] Headquarters Office/Facility [] Brokerage [] Professional Office
[] Peddlers/Solicitors, (# of Persons) [] Vending Machines, (# Units) [] Rental Property-Commercial [] Rental Property-Residential, (# Units)

Will this be Operated as a Short term Rental Property or Vacation Rental? YES [] / NO [] If Yes, Intended No. of Rental Days [] 1-10 [] 11-20 [] 21-31

- [] Delivery Vehicle No Fixed Place of Business in the City (# Units) [] Catering/Produce/Ice Cream Trucks [] Carnival/Circus [] Entertainment/Amusements
[] State Licensed Contractor-SLC # _____ Class _____ [] Independent Contractor [] Independent Contractor/Misc. 1099 [] Warehouse/Storage Only
[] Banking/Finance [] Insurance Company/Agent [] Government Office [] Daycare or Nursery [] Nonprofit Organization [] Exempt [] Other

Will there be Sales of Tobacco Products? YES [] / NO []

Will there be Distribution or Supplying of Marijuana? 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 and any applicable sales tax.

[] Gross Receipts [] Flat Rate [] Variable Flat Rate [] Nonprofit [] Exempt [] Other

* OFFICIAL USE ONLY

BTN _____

C of O # _____

HOP # _____

SB 205 (SIC #) [][][][]

BID - INFORM [] YES [] NO

POLICE PLAN CHECK [] YES [] NO

TOBACCO SALES [] YES [] NO

NOTES: _____

Initial: _____