

CITY OF SANTA ANA
BUSINESS TAX OFFICE

20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 - (714) 647-6720



BUSINESS LICENSE TAX HOLIDAY – PRE-REGISTRATION REQUEST

The City of Santa Ana Business License Tax Holiday Program begins **January 1, 2023**. Commercially-based businesses, professionals, rental property owners, independent contractors, home-based businesses & occupations, plus self-employed free-lancers & gig entrepreneurs wishing to participate in the program may do so by submitting a pre-registration request form in person, by mail, or email. Attorneys, CPA's, Public Accountants, Tax Preparers, Trustees, and other fiduciaries or agents may submit a pre-registration request on behalf of advisees, beneficiaries, and clients. To pre-register for participation in the City's Business License Tax Holiday Program, please complete this form and provide us with sufficient business identification and contact information to allow us to provide appropriate Tax Holiday application forms/worksheets (or Self-Managed Audit materials).

This form may be submitted in person to the Santa Ana Business Tax Office located in City Hall Ross Annex, 20 Civic Center Plaza, Santa Ana, CA 92701, or it may be submitted by mail or email. When emailing this form, scan a copy of the form as a PDF or TIFF document file and send it as an email attachment to TaxHolidayPre-registration@santa-ana.org. Upon our receipt of your Pre-registration Request Form attachment, an automated receipt reply will be sent to the email address from which the Pre-registration Request Form attachment was sent. Do not send other Tax Holiday related inquiries to this email address, if you have questions regarding the Tax Holiday Program or questions concerning the use of this form, contact us at (714) 647-6720 (Monday through Thursday 9:00 a.m. to 5:00 p.m.). You may also email your inquiry to our main contact email address - TaxHoliday@santa-ana.org.

Section 1 - (Complete for Unlicensed Businesses and Independent Contractors)

Business Name (dba) _____ **In-City Start Date** _____

Personal Name(s) (if no dba) _____

Business Location _____ **Phone** _____

City _____ **State** _____ **Zip** _____ **E-mail** _____

Mailing Address (If different from business location) _____

City _____ **State** _____ **Zip** _____ **Emergency Phone/Cell Phone** _____

Ownership: [] Sole Proprietor Independent Contractor Trust LLC General Partnership LP LLP Corporation

Type of Business - (Check [] all that apply) - Retail Wholesale Service Industry Marketing Manufacturing Sub-Manufacturing

Assembly Sub-Assembly Processing Distribution Administrative Office Facility Headquarters Professional Office Brokerage

Rental Property-Commercial Rental Property-Residential Vending Machines Catering/Produce/Ice Cream Trucks Peddlers/Solicitors Daycare

State Licensed Contractor Independent Contractor/Misc. 1099 Real Estate Sales Gratuitous (Part-time occupation/business ≤\$5,000 annually.)

Pass-Thru-Entity Holding Company Warehouse / Storage Only Home-based Business/Occupation Other (indicate type) _____

Brief General Description of Business Activity _____

Section 2 - (Complete for Licensed Businesses Requesting a Self-Managed Audit)

Business Name _____ **Business License Number** _____

Contact Name _____ **Email** _____ **Phone** _____

Mailing Address (If different from mailing address of record) _____

Section 3 - (Complete if you are Fiduciary or Agent Submitting a 3rd Party Pre-registration on behalf of another)

Business Name _____ **Phone** _____

Contact Name _____ **Email** _____ **Phone** _____

Mailing Address _____

Relationship: [] Attorney CPA Public Accountant Tax Preparer Trustee Other Fiduciary Other Agent

Copies: [] Send copies of Business License Tax Holiday application forms/worksheets (or Self-Managed Audit materials)

* OFFICIAL USE ONLY *

Gross Receipts Flat Rate Variable Flat Rate Nonprofit Exempt Other