

CITY OF PLACERVILLE
BUSINESS TAX CERTIFICATE APPLICATION

BUSINESS INFORMATION

1. Business Name _____ Business Phone (____) _____
2. Business Location (Street Address) _____
3. City _____ State _____ Zip _____
4. Type of Business _____
5. Will you be selling secondhand merchandise? Yes _____ No _____
If so, what type of merchandise will you be selling? _____
6. Legal Formation: Corporation _____ Partnership _____ Sole Proprietor _____ Non-Profit _____
7. Mailing Address (If different than physical address) _____

OWNER NAME & INFORMATION (For additional owners, please attach separate sheet)

8. Owner Name _____ Owner Phone (____) _____
9. Owner Address _____
10. City _____ State _____ Zip _____
11. Social Security Number _____ Title _____

EMERGENCY CONTACT

12. Name _____ Phone (____) _____

ADDITIONAL INFORMATION

13. State Board of Equalization No. _____
14. Are you a Contractor? Yes _____ (Please complete Lines 14 and 15) No _____ (Skip to Line 16)
15. State Contractor's License Number _____
16. Do you have proof of worker's compensation insurance? Yes _____ No _____ Exempt _____
17. Will there be any building alterations, additions or repair to the business location? Yes _____ No _____
18. Do you have employees? Yes _____ (Please complete Lines 18 through 19) No _____
19. Number of Employees _____
20. State I.D. No. (SEIN) _____ Federal I.D. No. (FEIN) _____

By signing below, I am certifying that the above information is true and accurate to the best of my knowledge. I understand that the City of Placerville Business Tax is a revenue measure only, and is non-regulatory. The issuance of a business tax certificate by the City of Placerville is not certification that all building and safety codes have been met.

Signature _____ Title _____ Date _____

FOR CITY USE ONLY

Business License Tax _____ Downtown Surtax _____ Disability Access Fee _____ Total _____
Receipt # _____ Business Tax Number _____ Issuance Date _____ By _____
Copies: Fire Department _____ Development Services Department _____ Police Department _____