



CITY OF VISALIA

707 W. Acequia Avenue Visalia, CA 93291
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DATE STAMP

BUSINESS TAX CERTIFICATE APPLICATION

BUSINESS TYPE: ☐ Professional ☐ Retail ☐ Food Truck ☐ Home Bus ☐ Contractor ☐ Service Provider ☐ Landlord

BUSINESS INFORMATION

Change of Ownership? Y/N

Name of Business (DBA): _____

Name of Corporation or LLC: _____

Name of Owner(s), Partners, or Corporate Officer(s): _____

Business Start Date in Visalia: _____ Estimated Gross Income/Rent: _____ per mo/yr

Physical Business Address: _____

Service of Process Address: _____
(Address where business has consented to receive official U.S. Mail)

Business Mailing Address: _____
(If different from Service of Process Address)

Ownership Type: ☐ Sole Owner ☐ LLC ☐ Corporation ☐ Partnership ☐ Trust ☐ Other: _____

Federal Tax ID #: _____ Seller's Permit #: _____

Detailed Description of Business Activity: _____

Business Phone: _____ Business Email: _____
(will be public information) (will be public information)

Business Website: _____

State Contractor's License #: _____ Class: _____ Expiration Date: _____

Job Address: _____ ☐ Gen Contractor ☐ Sub-Contractor ☐ Sub List Provided

Other State License: _____
Number Type Expiration Date

MOBILE VENDORS/FOOD TRUCKS ONLY

Products Sold: _____

Registered Owner of Vehicle: _____

Is Vehicle Subleased? ☐ YES ☐ NO VIN #: _____

Make & Model of Vehicle: _____ Year: _____ License Plate #: _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY BUSINESS TAX APPLICATION:

- Legible copy of valid driver's license for each driver
- Current DMV auto registration
- Proof of current auto insurance referencing VIN #
- Health Department Approval

(continued on back side)

SUPPLEMENTARY INFORMATION REQUIRED (INFORMATION IS NON-PUBLIC):**PRIMARY OWNER OR PRINCIPAL:**

Owner or Principal: _____ Title: _____

Residence Address: _____
Number Street Unit # City State Zip

Date of Birth: _____ Social Security/ITIN/Other ID #: _____

Driver's License #: _____ State: _____ Cell Phone #: _____

SIGNATURE: _____**SECONDARY OWNER OR PRINCIPAL:**

Owner or Principal: _____ Title: _____

Residence Address: _____
Number Street Unit # City State Zip

Date of Birth: _____ Social Security/ITIN/Other ID #: _____

Driver's License #: _____ State: _____ Cell Phone #: _____

SIGNATURE: _____**CONFIRMATION INFORMATION:**

- Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: Division of the State Architect at www.dgs.ca.gov/dsa; Department of Rehabilitation at www.dor.ca.gov; California Commission on Disability Access at www.cdda.ca.gov.
- A Business Tax Certificate does not authorize any person to conduct any unlawful business in an illegal manner or conduct the business without strictly complying with all of the provisions of the ordinances of the City of Visalia, including but not limited to those requiring a permit from any board, commission, department, or office of the City. A Business Tax Certificate does not constitute a permit to conduct business.
- NOTE: Business tax certificates are void upon the sale/transfer of a business. New owners must obtain a new business tax certificate.
- Taxes are due prior to commencement of business. Business taxes are billed semi-annually. Renewals are based on gross receipts in arrears per the applicable tax schedule for your type of business.

I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Business Tax Office Use Only

Application Fee: \$ 26.50

Bus Tax Due: _____

DT Fees Due: _____

CASP/State Fee: _____

Home Occ Fee: _____

Total Due: _____

Bus Tax Cert #: _____

LIC/SIC Codes: _____

Shopping Area: _____

Periods Billed: _____

Planning Use OnlyApproved: ☐ YES ☐ NO Initials: _____ Date: _____ Zone: _____

Conditions: _____