



CITY OF VISALIA

707 W. Acequia Avenue Visalia, CA 93291

P.O. Box 4002 Visalia, CA 93278

Phone: (559) 713-4326 Email: businesstax@visalia.gov

Apply Online: <https://visalia.hdlgov.com>

DATE STAMP

BUSINESS TAX CERTIFICATE APPLICATION

BUSINESS INFORMATION

Business Name (DBA): _____

Owning Company (LLC/Inc): _____

Business Location: _____

Mailing Address: _____

Describe your Business: _____

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

Business Start Date in Visalia: _____ Estimated Gross Income: _____ per 6 mo

Primary Business Phone #: _____ Additional Phone #: _____

Business Website: _____

Email Address: _____

☐ Contact me by email whenever possible, to ensure timely notices and help protect the environment by conserving resources

Federal Tax ID # (FEIN): _____ Seller's Permit #/Sales Tax ID: _____

SIC Code: _____

State License Information (Contractor, Medical, CAMTC, etc.)

State License #: _____ Expire Date: _____

State License Type: _____

Additional Information:

* Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB205 NPDES permit program?
If so, please provide the SIC # and Permit # below.

☐ Yes

☐ No

SIC Code: _____

To Find Your SIC Code Visit <https://www.osha.gov/data/sic-search>

WDID#, NEC ID#, NONA ID#, Application ID#: _____

MOBILE FOOD VENDORS/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:

OWNER #1:

Name: _____ Title: _____

Residence Address: _____
Number Street Unit # City State Zip

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

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

Email Address: _____

OWNER #2:

Name: _____ Title: _____

Residence Address: _____
Number Street Unit # City

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

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

Email Address: _____

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 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 Cert #:	_____
Bus Tax Due:	_____	LIC/SIC Codes:	_____
DT Fees Due:	_____	Periods Billed:	_____
CASP/State Fee:	_____		
HOC/STR Fee:	_____		
Total Due:	_____		

Planning Use Only

Approved: YES ☐ NO ☐ Initials: _____ Date: _____ Zone: _____

Conditions: _____