

**PAYMENT MUST BE RECEIVED OR POSTMARKED BEFORE
THE START DATE TO AVOID PENALTIES AND INTEREST.**

**REGISTRATION FORM
BUSINESS TAX
(408) 535-3510**



**CITY OF SAN JOSE
200 E. Santa Clara St
SAN JOSÉ CA 95113**

YOU MUST COMPLETE BOTH SIDES.

PLEASE PRINT OR TYPE.

OFFICE USE ONLY	
SIC CODE	
EXMP FEE	
HB PRIOR	HB CRNT
HB PENALTY	
BID PRIOR	
BID CURRENT	
BID PENALTY/INTEREST	
PRIOR TAX	
CURRENT TAX	
PENALTY/INTEREST	
TOTAL DUE	
VERIFIED BY	
CASH RECEIPT #	
MAIL APP. AMT REC'D	
DATE/INITIALS	

A1 BUSINESS NAME	A9 OWNER NAME(S)/PARTNERS/CORPORATE NAME
A2 BUSINESS ADDRESS (No PO Box or Mail Drop Addresses) NO DIR. ST/AV/BL SUITE/RM CITY STATE ZIP	A10 TYPE OF OWNERSHIP (CIRCLE ONE) S = SOLE PROPRIETOR P = PARTNERSHIP C = CORPORATION OTHER _____
A3 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) NO DIR. ST/AV/BL SUITE/RM CITY STATE ZIP	A11 NATURE OF BUSINESS
A4 BUSINESS PHONE	A12 NUMBER OF OWNERS/EMPLOYEES IN SAN JOSÉ NO. OWNER (S), OFFICER (S) NO. FULL TIME EMPLOYEES NO. PART-TIME _____ = FULL TIME EQUIVALENT TOTAL OWNER(S)/EMP(S) <input type="text"/>
A5 START DATE IN SAN JOSÉ	A13 STATE RESALE NO.
A6 FEDERAL IDENTIFICATION NO.	A14 COUNTY HEALTH PERMIT NO.
A7 SOCIAL SECURITY NO.	
A8 STATE CONTRACTOR: NO. TYPE	

A15 CONFIDENTIAL/EMERGENCY CONTACT INFORMATION
OWNER/CORPORATE OFFICER INFORMATION

SOURCE CODE NO

OWNER NAME _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE /ID# _____ DATE OF BIRTH ____/____/____

RESIDENCE PHONE NO. _____

DAY TIME PHONE NO _____ FAX NO. _____

PAGER NO. _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT NOT LIVING WITH YOU _____

RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____

REVERSE SIDE MUST BE COMPLETED AND SIGNED

