

BUSINESS TAX#BUS _____ - _____
REG or MES# _____ - _____
TOT# _____

(Above #'s issued by Business License Staff)

CITY OF ANAHEIM
BUSINESS TAX INPUT FORM
City of Anaheim Business License Division
200 S. Anaheim Blvd. Anaheim, CA 92805
P.O. Box 61042, Anaheim, CA 92803-6142
E:mail: business_license@anaheim.net
(714) 765-5194

PLEASE MAKE CHECKS PAYABLE
TO THE CITY OF ANAHEIM

Open/Start Date in Anaheim _____

PLEASE CIRCLE: New Application/Address Change/Business Name Change/New Owner

SECTION A – BUSINESS INFORMATION

Business Address _____
(CANNOT be a P.O. Box or PMB) Street No. Direction (N-S-E-W) Street Name City State Zip

Business Name/D.B.A. _____

Corporation/Partnership Name (If different from above) _____

Mailing Address (If different from business address) _____

BUSINESS

Phone (_____) _____ FAX (_____) _____ E:Mail/Website _____

After Hours

Emergency Contact Name (Local) _____ Emergency Phone _____

Federal ID# _____ State ID # _____ Resale # _____

Please Describe Your Business Activity _____

If building contractor, please provide:

State Contractor's License # _____ Classification(s) _____ Expires _____

SECTION B – OWNER INFORMATION

Please Circle The Appropriate Ownership Type: Sole Ownership/Partnership/Corporation/Joint Venture
Limited Liability Co./Limited Partnership/Receiver/Trust
Other: _____

Please List Information Regarding Business Owners, Partners, or Corporate Officers:

(Last Name/Title) (First Name) (M.I.) (Phone No.) (Social Security#) (Driver's Lic# and State)

PRIMARY OWNER:

PRIMARY Owner's Home Address: _____
Street No. Street Name City State Zip

SECTION C – TAX INFORMATION (Please complete the information that pertains to your business)

| | |
|--|---|
| Total Number Of Employees In Anaheim _____ (ALL businesses must complete) | Alcohol Use Type _____ (Only For In Town Businesses that sell Alcohol) |
| Estimated Annual Gross Receipts(Sales) _____ (Retail, wholesale, manufacturing, entertainment venues, telecommunication, motel/hotels, & miscellaneous sales) | |
| Total Gross Square Footage _____ (Commercial leasing, warehousing, and storage) | Number Of Units _____ (Apartments & Motel/Hotels) |
| Number Of Professional Owners/Partners _____ (For professional services e.g.-lawyers, accountants, doctors, dentists) | No. Of Professional Employees _____ (Professional services that hire professional employees) |
| No. Of Other Employees _____ (Professional service employees other than listed above) | Other: _____ (Carnival/Bowling Alley/Billboard/Swap Meet/Etc.) |

FEES MUST ACCOMPANY THIS APPLICATION, PLEASE CALL OUR OFFICE FOR TOTAL AMOUNT DUE.

Please do not write below, for office use only.

Expiration Date _____
Fee Schedule _____
SIC Code _____

Tax (1141) \$ _____
Processing (1142) \$ _____
Penalty (1143) \$ _____
Interest (1144) \$ _____
Permits (1149) \$ _____
TOTAL \$ _____