



**CITY OF RIVERSIDE
BUSINESS TAX APPLICATION**

3900 MAIN STREET
RIVERSIDE, CA 92522
(PHONE) 951-826-5465
(FAX) 951-826-2356

GENERAL INFORMATION

OWNER'S NAME (If corporation, use corporate name. If partnership-principal)		DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
BUSINESS NAME (DBA)		DESCRIPTION OF BUSINESS (Be specific)	HOME OCCUPATION:	Y N
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> L.L.P. <input type="checkbox"/> L.L.C.				
BUSINESS ADDRESS	STREET	CITY	STATE	ZIP
MAILING ADDRESS (if different)	STREET	CITY	STATE	ZIP
RESIDENCE ADDRESS (if different)	STREET	CITY	STATE	ZIP
RIVERSIDE START DATE	FEDERAL TAX ID. NUMBER	SALES TAX (SELLER'S PERMIT) NUMBER	SOCIAL SECURITY NUMBER	BUSINESS E-MAIL
DOES YOUR BUSINESS HAVE A CALIF. STATE LIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE LICENSE NUMBER	CLASSIFICATION(S)	EXPIRATION DATE
LIST OF PRINCIPLE OFFICER'S OR PARTNER'S NAMES AND ADDRESSES		TITLE	AREA CODE/TELEPHONE	
		TITLE	AREA CODE/TELEPHONE	
		TITLE	AREA CODE/TELEPHONE	

BUSINESS OPERATIONS INFORMATION

RETAIL/WHOLESALE/MANUFACTURING BUSINESS INFORMATION		GENERAL/PROFESSIONAL SERVICES INFORMATION	
Does your business sell to the general public?	Y N	Does your business provide a professional service? (practice of law, medicine, dentistry, accounting, engineering, mortuary, hospital, architecture, chemistry, geology etc.) As defined in RMC 5.04.010	Y N
Is your business wholesale only?	Y N	Does your business offer massage?	Y N
Is your business manufacturing only?	Y N	Are you an Adult Entertainment Business?	Y N
Is your business automobile sales only?	Y N	How many employees does your business have working in Riverside? Non-professional? _____ Professional? _____	
Do you operate a food cart/pushcart? If yes, where do you operate? _____	Y N	HAZARDOUS MATERIALS/MEDICAL WASTE	
Do you plan to sell alcoholic beverages? If yes, ABC License Number: _____	Y N	Will you use, store, or transport chemicals (new or waste state)?	Y N
Does your business have amusement machines, video games Vending machines and/or pool tables? How many: _____ Type: _____	Y N	Will you manage or produce biohazardous materials or waste?	Y N
What is your first year estimated gross receipts? \$ _____		BUILDING AND FACILITY INFORMATION	
		Do you own or rent/lease your business property? If rent/lease, who is the property owner? _____	

ACKNOWLEDGEMENT

Payment of this tax does not constitute zoning or building code approval. Check with the Planning Department in order to determine if your business can be legally established at your location. I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.

SIGNATURE, OWNER OR AUTHORIZED AGENT _____ DATE _____ PRINT NAME/TITLE _____

FINANCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

ACCOUNT NUMBER	LOCATION	TYPE	RATE	EXPIRATION DATE	RECEIVED BY	SOURCE	DATE RECEIVED
ID. NO. APPLICANT/ CONTACT NO.	TAX CALCULATION			DETAILS REMARKS		APPROVALS	
	Base Tax:	_____				DEPARTMENT: _____	
	Tax 1:	_____				APPROVED BY: _____	
	Tax 2:	_____				DATE APPROVED: _____	
	Adjustment:	_____				COMMENTS: _____	
	Penalty:	_____				_____	
Subtotal:	_____						
Imp. Dist:	_____						
Total Due:	_____						