



City of Arts & Innovation

City of Riverside

BUSINESS TAX APPLICATION

3900 MAIN STREET
RIVERSIDE, CA 92522
(PHONE) (951) 826-5465
(FAX) (951) 826-2356
BT-Application@riversideca.gov

GENERAL INFORMATION							
Business Name (DBA)				Description of Business (Be specific)			
Business Address				Home Occupation			
City	State	Zip	Area Code/Telephone				
Mailing Address							
City	State	Zip	Area Code/Telephone				
Sole Proprietor <input type="checkbox"/>		Partnership <input type="checkbox"/>		Corporation <input type="checkbox"/>		L.L.P. <input type="checkbox"/>	L.L.C. <input type="checkbox"/>
Riverside Start Date		Federal Tax ID No.		Sales Tax (Seller's Permit) No.			
Business E-Mail							
Does your business have a California State License? Yes		No <input type="checkbox"/>		State License Number		Classification(s)	Expiration Date
Owner's Name (If corporation, use corporate name. If partnership-principal)							
Residence Address (If different)				Area Code/Telephone			
Driver's License No.		State	Expiration Date		Social Security No.		
List of Principal Officer's or Partner's Names and Addresses				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? (Y/N)			
Is your business wholesale only? (Y/N)				(practice of law, medicine, dentistry, accounting, engineering, etc.)			
Is your business manufacturing only? (Y/N)				Does your business offer massage? (Y/N)			
Is your business automobile sales only? (Y/N)				Are you an Adult Entertainment Business? (Y/N)			
Do you operate a food cart/pushcart? (Y/N)				Do you operate an ambulance or non-emergency transport business? (Y/N)			
If yes, where do you operate? _____				How many employees does your business have working in Riverside? Non-professional? Professional?			
Do you plan to sell alcoholic beverages? (Y/N)				Does your business involve any activities prohibited by local, state or federal law? (Y/N)			
If yes, ABC License Number _____				If yes, please describe: _____			
Does your business have amusement machines, video games, vending machines and/or pool tables? (Y/N)				HAZARDOUS MATERIAL/MEDICAL WASTE			
How many: _____ Type: _____				Will you use, store, or transport chemicals (new or waste state)? (Y/N)			
Does your business make medical marijuana available for medical purposes? (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 rent/lease your business property? (Y/N)			
				If rent/lease, who is the property owner? _____			
NEW OR RENEWAL OF BUSINESS TAX CERTIFICATE							
<p>On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.</p> <p>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:</p> <p style="text-align: center;">The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx The Department of Rehabilitation at www.rehab.cahwnet.gov The California Commission on Disability Access at www.cdca.ca.gov.</p>							
ACKNOWLEDGEMENT							
<p>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.</p>							
SIGNATURE (Typing your name here constitutes your digital signature)				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
Details/Remarks							