

BUSINESS TAX APPLICATION Apply Online at RiversideCA.gov/BusinessTax

¡Se Habla Español! Para más información llamar al (951) 826-5465.

3900 Main Street Riverside, CA 92522 Phone (951) 826-5465 Fax (951) 826-2356 BT-Application@RiversideCA.gov

			GENERA	L INFORMATIC	N					
Business Name (DBA)				Description	n of Bu	usiness (Be specific)				
Business Address							Home Occupation	Ye	s 🗆	No □
City			State	Zip		Aro	ea Code/Telephone			
Mailing Address										
City			State	Zip		Ar	ea Code/Telephone			
Sole Proprietor ☐ Partnership			Co	prporation \square		1.1.1	P. 🗆		L.L.C.	
Riverside Start Date		ederal Tax ID N		прогалоп 🗌	S	Sales Tax (Seller's Pe	_		L.L.C.	Ш
Business E-Mail						·	<u>'</u>			
Does your business have a California State License?		Yes ()	No ∩ Stat	e License Number		Classification(s)) [Expiration	Date	
boos your bosiness have a camornia state Electise?		1030	ino O I siai	o Electriso Norrison		Grassmounorn(s)	´	EXPIRATION	Baio	
Owner's Name (If corporation, use corporate name. I	lf partn	ership-principal	1)							
Residence Address (If different)						Ar	ea Code/Telephone			
Driver's License No.	iver's License No. State Expiration Do				Social Secu	rity No.				
List of Principal Officer's or Partner's Names and Addre	st of Principal Officer's or Partner's Names and Addresses Title Area Code/Telepho						Telephone	:		
				Title	!		Area Code/Telephone			
		BUSINE	SS OPER	ATIONS INFOR	RMA	TION				
Does your business sell to the general public?		Yes ()	No ()	At any time	will yc	our business ever pr	ovide a professiona	l service?	Yes ()	No O
Is your business wholesale only?	boos your bosinoss son to the general poblic?			. `	(Practice of law, medicine, dentistry, accounting, engineering, etc.) At any time will your business ever offer massage?			tc.)	Yes ()	
Is your business manufacturing only?		Yes 🔾	No O	.					_	No O
Is your business automobile sales only?	- · · · · · · · · · · · · · · · · · · ·				At any time will your business be an Adult Entertainment Business?				Yes ()	No O
Do you operate a food cart/pushcart?	· ·				Do you operate an ambulance or non-emergency transport business?				Yes 🔾	No O
If yes, where do you operate?				How many e	How many employees does your business have working in Riverside? Non-professional? Professional?					
At any time will your business ever sell alcoholic Ye			No O	1	Does your business involve any activities prohibited					
beverages?If yes, ABC License Number				state or fede			mes prombned by ic	icui,	Yes (No O
At any time will your business ever have amusement machines, video games, vending machines and/or pool			No O	1 ' '	If yes, please describe: HAZARDOUS MATERIAL/MEDICAL WASTE					
tables?				Will you use, store, or transport chemicals (new or v					Yes ()	No O
How many: Type:						·	ardous materials or		Yes O	No O
At any time will your business ever make medical marijuana available for medical purposes?		Yes 🔾	No O			BUILDING A	ND FACILITY INFORMA			
What is your first year estimated gross receipts?	.			· ·		e your business prop	oerty? wner and/or proper	hv	Yes 🔾	No O
(Subject to Adjustment)	\$			·	· .	mpany's contact ir		ıy		
			ACKN	OWLEDGMEN	Т					
Under federal and state law, compliance with disability	/ access	s laws is a serious				es to all California bui	ilding owners and tenc	ınts with bui	ildinas open	to the
public. You may obtain information about your legal of	bligatior	ns and how to co	omply with d	lisability access laws	at the	following agencies:	_			
The Division of the State Architect at v				•	-		ation at www.rehab	.cahwnet	.gov	
Payment of this tax does not constitute zoning or buildir				Disability Access a Planning Department		_	ır business can be leac	ıllv estahlish	ed at vour l	ocation
I declare, under penalty of perjury, that I am authorized										
SIGNATURE (Typing your name here constitutes your digital	al signatu	ure)		DATE		PRINT NAME/	TITLE			
Renew Your Annual Business License Online at RiversideCA.gov/BusinessTax										
CITY OF RIVERSIDE USE ONLY - DO NOT WRITE BELOW THIS LINE										
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CITY OF RIVERSIDE USE ONLY - DO NOT WRITE BELOW THIS LINE										
Account Number	Location Type		Rate	Expiration Date	Received By	Source		Date Received		
Details/Remarks										
Zoning Cleard	ance Initials	_Date		Building Initials	Date	Fire Initials	Date			