



# CITY OF RIVERSIDE BUSINESS TAX APPLICATION

Apply Online at [RiversideCA.gov/BusinessTax](http://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

## GENERAL INFORMATION

Business Name (DBA)		Description of Business (Be specific)			
Business Address		Home Occupation		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="radio"/>	No <input type="radio"/>	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.	Other ID No.	
List of Principal Officer's or Partner's Names and Addresses			Title	Area Code/Telephone	

**Per AB2184:** You may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form.

## BUSINESS OPERATIONS INFORMATION

Does your business sell to the general public?	Yes <input type="radio"/>	No <input type="radio"/>	At any time will your business ever provide a professional service? (Practice of law, medicine, dentistry, accounting, engineering, etc.)	Yes <input type="radio"/>	No <input type="radio"/>
Is your business wholesale only?	Yes <input type="radio"/>	No <input type="radio"/>	At any time will your business ever offer massage?	Yes <input type="radio"/>	No <input type="radio"/>
Is your business manufacturing only?	Yes <input type="radio"/>	No <input type="radio"/>	At any time will your business be an Adult Entertainment Business?	Yes <input type="radio"/>	No <input type="radio"/>
Is your business automobile sales only?	Yes <input type="radio"/>	No <input type="radio"/>	Do you operate an ambulance or non-emergency transport business?	Yes <input type="radio"/>	No <input type="radio"/>
Do you operate a food cart/pushcart?	Yes <input type="radio"/>	No <input type="radio"/>	How many employees does your business have working in Riverside? Non-professional? _____ Professional? _____		
If yes, where do you operate? _____			Does your business involve any activities prohibited by local, state or federal law?	Yes <input type="radio"/>	No <input type="radio"/>
Does your business provide delivery by vehicle service? How many trucks operate in the City? _____	Yes <input type="radio"/>	No <input type="radio"/>	If yes, please describe: _____		
At any time will your business ever sell alcoholic beverages? If yes, ABC License Number _____	Yes <input type="radio"/>	No <input type="radio"/>	<b>HAZARDOUS MATERIAL/MEDICAL WASTE</b>		
At any time will your business ever have amusement machines, video games, vending machines and/or pool tables? How many: _____ Type: _____	Yes <input type="radio"/>	No <input type="radio"/>	Will you use, store, or transport chemicals (new or waste state)?	Yes <input type="radio"/>	No <input type="radio"/>
At any time will your business ever make medical marijuana available for medical purposes?	Yes <input type="radio"/>	No <input type="radio"/>	Will you manage or produce biohazardous materials or waste?	Yes <input type="radio"/>	No <input type="radio"/>
What is your first year estimated gross receipts? \$ _____ (Subject to Adjustment)			<b>BUILDING AND FACILITY INFORMATION</b>		
			Do you rent/lease your business property?	Yes <input type="radio"/>	No <input type="radio"/>
			If rent/lease, provide the property owner and/or property management company's contact information.		

## ACKNOWLEDGMENT

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:

The Division of the State Architect at [www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa)

The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov)

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

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, to the best of my knowledge, the provided information and statements are true and correct.

SIGNATURE (Typing your name here constitutes your digital signature) \_\_\_\_\_ DATE \_\_\_\_\_ PRINT NAME/TITLE \_\_\_\_\_

**Renew Your Annual Business License Online at [RiversideCA.gov/BusinessTax](http://RiversideCA.gov/BusinessTax)**

### SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here. Note - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address \_\_\_\_\_

### 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 Clearance | Initials \_\_\_\_\_ Date \_\_\_\_\_  Building | Initials \_\_\_\_\_ Date \_\_\_\_\_  Fire | Initials \_\_\_\_\_ Date \_\_\_\_\_