

**BUSINESS TAX  
 CERTIFICATE APPLICATION**



BUSINESS NAME (DBA):	<b>F.V. BUSINESS LIC. #</b>	TYPE OF OWNERSHIP (Check One)
BUSINESS ADDRESS	BUSINESS TELEPHONE #	<input type="checkbox"/> CORPORATION/LLC Year of Incorporation _____
CITY, STATE, ZIP	FEDERAL TAX ID. #	
BUSINESS OWNER OR CORPORATION NAME:	STATE EMPLOYER'S ID. #	<input type="checkbox"/> PARTNERSHIP  <input type="checkbox"/> SOLE OWNER  <input type="checkbox"/> OTHER - Explain _____
DESCRIPTION OF BUSINESS	CONTRACTOR # & CLASS	TOTAL NUMBER OF EMPLOYEES
MAILING ADDRESS (Street, City, Zip Code)	STATE LICENSE NO.	HOURS OF OCCUPANCY
	CA. SELLERS PERMIT #.	

The following confidential information helps your city plan for the future of the business community & assists you in emergencies

<b>1</b> BUSINESS OWNER OR OFFICER – <u>HOME INFORMATION REQUIRED</u> (Remains Confidential)	TELEPHONE NO.:
NAME/TITLE:	DRIVERS LICENSE NO.:
STREET:	SOCIAL SECURITY NO.:
CITY, STATE, ZIP:	
<b>2</b> SECOND BUSINESS OWNER OR OFFICER – <u>HOME INFORMATION REQUIRED</u>	TELEPHONE NO.:
NAME/TITLE:	DRIVERS LICENSE NO.:
STREET:	SOCIAL SECURITY NO.:
CITY, STATE, ZIP:	
<b>3</b> THIRD BUSINESS OWNER OR OFFICER – <u>HOME INFORMATION REQUIRES</u>	TELEPHONE NO.:
NAME/TITLE:	DRIVERS LICENSE NO.:
STREET:	SOCIAL SECURITY NO.:
CITY, STATE, ZIP:	

**I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT:**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO BE COMPLETED BY IN-TOWN BUSINESS**

BUSINESS OPENING DATE: \_\_\_\_\_ No. of work related vehicles: \_\_\_\_\_  
 (Base fee includes owner and one vehicle)

**GIVE DETAILS IF APPLICABLE**

Number of Fuel Pumps: \_\_\_\_\_ Number of units, rooms, washers, dryers: \_\_\_\_\_  
 Number of amusement devices: \_\_\_\_\_  
 Number of coin-operated /vending machines: \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTORS**

Average number of employees working in the city of Fountain Valley: \_\_\_\_\_  
 No of work-related vehicles in the city of Fountain Valley: \_\_\_\_\_ (Base fee includes owner and one vehicle)  
 Location of job: \_\_\_\_\_ State date of work in Fountain Valley: \_\_\_\_\_  
 If Subcontractor, list Prime Contractor: \_\_\_\_\_

