

FOR OFFICE USE ONLY:

TAX ACCT # _____

CONTROL _____

SMC 5.08.030.22

CLASS Multi-Rental, 3 or More Units

SINC 6514/6513 BOE 99



ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION – BUSINESS LICENSE
425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201
(209) 937-8313 • Fax (209) 937-7184
www.stocktongov.com

**RESIDENTIAL PROPERTY RENTAL
BUSINESS LICENSE TAX APPLICATION**

NEW _____

CHANGE _____ (Change from _____ Date of Change _____ Bus Lic # _____)

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

****ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

BUSINESS INFORMATION:

1. Recorded Property Owner _____ Phone (____) _____

Contact Name _____ Phone (____) _____

2. Rental Property Address _____ Ste/Apt # _____ City _____ State _____ Zip _____

3. Parcel # (A Business License is Required for EACH Parcel) _____

4. Mailing Address _____ Ste/Apt # _____ City _____ State _____ Zip _____

5. Describe exactly what you are being licensed to do. Residential Property Rental

6. Date Property Purchased _____

7. Estimated Monthly Gross Rents in Stockton \$ _____

8. Federal Tax ID# _____

9. Check One: Single Owner Partnership Corporation LP LLC

10. **Owner (s) Information:** (Attach a separate piece of paper if additional space is needed)

1. Name _____ Address (NO PO Box) _____

City _____ State _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____

2. Name _____ Address (NO PO Box) _____

City _____ State _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____

3. Name _____ Address (NO PO Box) _____

City _____ State _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____

COMPLETE PAGE 2 OF THE APPLICATION

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11. Corporation, LLC, or LP:

Name (Must be Registered in California) _____ Corp/LLC/LLP # _____

Names of Officers/Members

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Authorized Agent: _____ Contact Phone #: _____

Authorized Agent: _____ Contact Phone #: _____

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton you must notify us in writing.

I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Owner/Authorized Signature

Title

Date

Owner/Authorized Signature

Title

Date

Disability Access and Education Fee (SB 1186)

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.

**State Mandated Disability Access and Education Revolving Fund.

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:

- o The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
- o The Department of Rehabilitation at www.rehab.cahwnet.gov.
- o The California Commission on Disability Access at www.ccda.ca.gov.

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Processed By:		Date:	Business License Taxes/Fees	Amount
Dept/Div Checked Must Approve or Deny		Authorized Signature and Date		
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Registration Tax	\$24.00
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		**State Mandated Disability Access and Education Revolving Fund	\$1.00
			Total Due	
			Expiration Date	

REMEMBER: TO PRINT A COPY FOR YOUR RECORD