



Business Tax Certificate Application

Finance Department • P.O. Box 45017 • Fresno, CA 93718-5017
 Fresno City Hall • 2600 Fresno St., Room 2162 • Fresno, CA 93721
 Phone: (559) 621-6880 / FAX: (559) 457-1202
 Hours: Monday – Friday 9:00 a.m. – 4:30 p.m.

Application Processing Fee	\$	10.00
Initial Tax Charge	+ \$	
State Mandated Fee	+ \$	4.00
<small>For more information see AB1379 notice on reverse</small>		
Please remit this amount	= \$	

NOTICE: Before you apply for a new business tax certificate, you are required to obtain a zone clearance for your business location from the City of Fresno Planning Department. Please contact the Planning Division to begin the approval process at its location in Fresno City Hall, 2600 Fresno St Room 3043, Fresno CA. You may also contact the department at (559) 621-8277 or planning@fresno.gov. It is your responsibility to check with the Fresno Police and Fire Departments to determine any additional requirements for your business in your proposed location.

- Business Name: _____
If a business name is not used, enter owner's name

Corporation name (if applicable)
- Describe Business: _____
(In Detail) Include principal service or product, and whether business income is wholesale, retail or both

- Date Opened: _____ / _____ / _____ Date business began operating in the City of Fresno
mo day yr
- Business Location: _____
Physical/street address (or range of addresses) Unit #

City State Zip Code Business Phone #
- Mailing Address: _____
Street/P.O. Box Address Unit# Attention

City State Zip Code Business email address
- Ownership Type: [] Sole Proprietor [] Partnership [] Corporation # _____ [] LLC# _____
 [] Non-Profit [] Other (specify) _____

7. Ownership Info:	(Circle One) Owner / Partner / President		(Circle One) Co-Owner / Partner / Vice Pres. / Etc.	
	Full Name			
Complete Residential Address (include zip)				
Telephone	Home:	Cell:	Home:	Cell:
Social Security No.				
Date of Birth				
Driver's License No.				

If additional partners/owners exist, please attach a separate list with the above info included

8. Federal Tax I.D. No.: _____ State Resale No.: _____ State Contractors Lic. No.: _____ Exp.: _____

MUST COMPLETE BOTH SIDES OF APPLICATION • INITIAL AND SIGN

For Official Use Only

Business Type: _____ First Tax Period: _____ Expiration Date: _____

Notes: _____

IY: [] Yes [] No _____ [] Amusement Device [] Billiards [] PD CLSD/Date _____ Pulled _____ Scanned _____

Account: _____ **Date:** _____ **By:** _____

Business Description and Information

If you know your NAICS code, provided by the state, please provide: _____

Number of Employees: Full Time: _____ Part Time: _____

Current Year Estimated Gross Receipts in City of Fresno \$ _____ .00 Square Footage: _____

Please describe your business and the products or services you will provide. Include types of products and quantities stored: _____

Do you sell your service or product outside of California? [] Yes [] No

If Yes, what is the current year estimated gross value of product/service you export? \$ _____ .00

Landlord Info: _____
Name of property owner or person to whom rent is paid

Address of property owner or person to whom rent is paid

In October 2017 Governor Brown signed into law AB1379, which adds a state fee of \$4.00 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 education resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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/Home.aspx or (916) 445-8100
- The Department of Rehabilitation at www.rehab.cahwnet.gov or (559) 445-6011/TTY (844) 729-2800
- The California Commission of Disability Access at www.cdda.ca.gov or (916) 319-9974

_____ I have obtained a completed and approved
Initial Zone Clearance from the City of Fresno
Planning Division

_____ I acknowledge receipt
Initial of "Attachment A"
New Business Information Checklist

_____ The zone clearance document is attached
Initial to this application

_____ I will contact the Business Tax Division
Initial if there are any changes to this account

_____ I acknowledge that the issuance of a Business Tax Certificate does not exempt me
Initial from the requirements of any City, County, State, or Federal law.

I hereby certify under penalty of perjury under the State laws of California that the above information is correct and I am an authorized representative of this business. I understand this application is a City of Fresno Municipal Code requirement and not a license to do business. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances, and regulations established for such business/profession.

Signature _____ Title _____

Printed Name _____ Date _____

*****OFFICE USE ONLY*****

ACCT# _____ INITIALS