# CITY OF TULARE
# APPLICATION FOR BUSINESS TAX CERTIFICATE

DATE: _____

**OFFICIAL USE ONLY**

ACCOUNT NUMBER: _____ APPLICATION FEE: _____
ZONE LOCATION: _____ S.I.C. CODE: _____ RECEIPT NUMBER: _____

BUSINESS NAME: _____
BUSINESS DESCRIPTION: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBERS: BUSINESS: _____ HOME: _____
FAX: _____ CELL: _____

OWNERSHIP TYPE: SOLE PROPRIETOR PARTNERSHIP L.L.C. CORPORATION TRUST
(CIRCLE TYPE)

FEDERAL ID NUMBER: _____ WEB PAGE: _____
STATE ID NUMBER: _____E-MAIL ADDRESS: _____
RESALE NUMBER: _____ NUMBER OF EMPLOYEES: _____
CONTRACTOR TYPE: _____ CONTRACTOR NUMBER: _____
STATE LICENSE TYPE: _____ STATE LICENSE NUMBER: _____
HOME OCCUPANCY PERMIT APPROVAL: _____ BUSINESS APN NUMBER: _____
ESTIMATED GROSS RECEIPTS (6 MONTH PERIOD): _____

OWNERS NAME: _____ TITLE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DRIVERS LICENSE NUMBER: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

**IMPORTANT NOTICE TO APPLICANT:** THE BUSINESS CERTIFICATE IS REQUIRED PURSUANT TO THE PROVISIONS OF TITLE V OF THE CITY OF TULARE CODE SOLELY TO RAISE REVENUE FOR MUNICIPAL PURPOSES AND IS NOT INTENDED FOR PURPOSES OF REGULATION. ISSUANCE OF A BUSINESS CERTIFICATE DOES NOT EXEMPT ANY INDIVIDUAL, ORGANIZATION, OR FIRM FROM COMPLYING WITH ALL REGULATORY PROVISIONS INCLUDING BUILDING, FIRE, POLICE, ZONING OR HEALTH AND SANITATION LAWS, OR ANY REQUIREMENTS FOR SPECIAL PERMITS.

APPLICANTS SIGNATURE: _____
TITLE: _____

CITY OF TULARE FINANCE DEPARTMENT
411 EAST KERN AVENUE, SUITE F – TULARE, CALIFORNIA 93274-4257
PHONE: (559) 684-4232 FAX (559) 685-2366
****MEMBER OF THE CALIFORNIA MUNICIPAL BUSINESS TAX ASSOCIATION****

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**APPROVAL DATES BY DEPARTMENT**

PLANNING: _____ BUILDING: _____ FIRE: _____ POLICE: _____