


CITY OF SAN BERNARDINO BUSINESS REGISTRATION CERTIFICATE APPLICATION PROPERTY RENTAL/LEASING

NEW	RENEWAL	ACCOUNT NO.	CLASS	DATE STARTED	EXP. DATE	RETURN THIS FORM WITH YOUR REMITTANCE TO: CITY CLERK, P.O. BOX 1318 SAN BERNARDINO, CA 92402 OR CITY CLERK 300 NORTH "D" STREET 2ND FLR. SAN BERNARDINO, CA 92418 PHONE: (909) 384-5302 FAX: (909) 384-5158 OR (909) 384-5035															
THE FOLLOWING IS PUBLIC INFORMATION:																					
PROPERTY ADDRESS																					
NAME OF OWNER (ATTACH SEPARATE SHEET FOR CORPORATE OFFICERS/PARTNERS)																					
NAME OF BUSINESS						COMPUTATION OF FEES: FOR NEW OWNERS ONLY, STATE DATE PROPERTY WAS OFFERED FOR RENT/LEASE: _____ IF DATE IS 12 MONTHS OR LONGER, STATE GROSS RENTS BELOW.															
OWNER'S MAIL ADDRESS																					
BUSINESS PHONE			ASSESSOR PARCEL NUMBER			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">FEE AMOUNT</th> </tr> </thead> <tbody> <tr> <td>GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS)</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PRIOR YEAR ADJUSTMENT:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PENALTY: _____ %</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>EXT. ENF. FEE: _____ %</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>OTHER: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL AMOUNT DUE:</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>			FEE AMOUNT	GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS)	\$ _____	PRIOR YEAR ADJUSTMENT:	\$ _____	PENALTY: _____ %	\$ _____	EXT. ENF. FEE: _____ %	\$ _____	OTHER: _____	\$ _____	TOTAL AMOUNT DUE:	\$ _____
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OTHER: _____	\$ _____																				
TOTAL AMOUNT DUE:	\$ _____																				
TYPE OF BUSINESS:	<input type="checkbox"/> SOLE OWNERSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION																		
PARTNERSHIP TAX I.D. #		CORPORATION I.D. #		STATE																	
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	EMPLOYER IDENTIFICATION NO.																			
THE FOLLOWING IS CONFIDENTIAL INFORMATION:						MANAGEMENT COMPANY NAME & ADDRESS PHONE NO. ON-SITE MANAGER NAME & PHONE NO.															
STATE LAW REQUIRES THE CITY TO OBTAIN INFORMATION FROM THE BUSINESSES IT REGISTERS AND TRANSMIT IT TO THE STATE FRANCHISE TAX BOARD. YOUR COMPLETION OF THE INFORMATION REQUESTED ON THIS APPLICATION IS APPRECIATED, AND WILL ELIMINATE THE NEED FOR A FRANCHISE TAX BOARD INVESTIGATOR TO CONTACT YOU TO OBTAIN THIS INFORMATION. THE FOLLOWING MAY BE RELEASED ONLY TO A TAXING AUTHORITY OR ANYONE WITH A COURT ORDER DEMANDING SAME (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.021).																					
RESIDENCE ADDRESS OF OWNER																					
HOME PHONE	DRIVER'S LIC. NO.	DATE OF BIRTH	SOCIAL SECURITY #																		

Declaration of Ownership The undersigned states that S.B.M.C. 5.04.525F does not apply for the reason(s) checked below:

- | | |
|---|--|
| <input type="checkbox"/> Owner and sole occupant
<input type="checkbox"/> Not offered for rent/lease at this time
<input type="checkbox"/> Under renovation
<input type="checkbox"/> Boarded or unoccupied
<input type="checkbox"/> Other-Explain _____ | <input type="checkbox"/> No longer owner of property as of (Date) _____
(If property was sold, please provide new owner name, address & telephone number below.)
Name: _____
Address: _____
Phone: _____ |
|---|--|

I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS. (PLEASE NOTE: APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT SIGNATURE.) I UNDERSTAND THAT BUILDING CODE OR PROPERTY MAINTENANCE VIOLATIONS MAY RESULT IN THE REVOCATION OF THIS BUSINESS REGISTRATION CERTIFICATE. I FURTHER UNDERSTAND THAT IT IS UNLAWFUL TO DEMAND OR RECEIVE PAYMENT OF RENT FOR ANY RENTAL PROPERTY WHICH HAS NOT BEEN ISSUED A BUSINESS REGISTRATION CERTIFICATE.

SIGNATURE (X) _____

OWNER AUTHORIZED REPRESENTATIVE

FOR OFFICE USE ONLY

RECEIPT OF FEES COLLECTED: AMOUNT: \$ _____ CHECK#: _____ DATE: _____ BY: _____