

Bus Lic # _____
Control _____
P.A.I.D. _____



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

OWNER OCCUPIED COMMERCIAL
Property Rental
SMC _____ 6030.38 _____
Classification _____ Owner Occupied Comm Rental _____
SINC _____ 6512 _____ BOE _____ 99 _____
HOP _____ Date _____

BUSINESS LICENSE APPLICATION
OWNER OCCUPIED COMMERCIAL PROPERTY

NEW _____ Number of Employees: Full Time _____ Part Time _____ Enterprise Zone: Yes _____ No _____
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 APPLICATIONS WILL NOT BE ACCEPTED ** INCOMPLETE APPLICATIONS WILL BE RETURNED ****

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 _____

BUSINESS ACTIVITY:

5. Describe exactly what you are being licensed to do. Owner Occupied Commercial Rental, No rent is collected.
6. Date Property Purchased _____
7. Gross Rents in Stockton \$ _____ - 0 - _____

ORGANIZATION INFORMATION:

8. Federal Tax ID# _____
9. State Employer ID# _____
10. Check One: Single Owner _____ Partnership _____ Corporation _____ LLP _____ LLC _____

11. Single Owner or General Partnerships:

- Name _____ Address (NO PO Box) _____
City _____ State _____ Zip _____ Home Phone (____) _____
Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____
- Name _____ Address (NO PO Box) _____
City _____ State _____ Zip _____ Home Phone (____) _____
Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____
- Name _____ Address (NO PO Box) _____
City _____ State _____ Zip _____ Home Phone (____) _____
Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____

12. Corporation, LLC, or LLP:

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

Names of Officers/Members

President: _____ Secretary: _____
Vice President: _____ Treasurer: _____

COMPLETE PAGE 2 OF THE APPLICATION



FOR OFFICE USE ONLY:

Bus Lic # _____

TENANT INFORMATION:

13. Is the Commercial Property Owner-Occupied? Yes X No _____

14. Provide Tenant Information Below, List Additional Tenants on a Separate Sheet of Paper

BUSINESS NAME	OWNER NAME	SUITE	BUSINESS LICENSE #

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

Owner/Authorized Signature

Title

Date

FOR OFFICE USE ONLY

Processed By:		Date:	Business License Taxes	Amount
Dept/Div Checked Must Approve or Deny		Authorized Signature and Date	Registration Tax	
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Total Due	
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Expiration Date	

REMEMBER: TO PRINT A COPY FOR YOUR RECORD