

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

**RESIDENTIAL PROPERTY RENTAL**  
**Multi-Rental, 3 or More Units**  
SMC \_\_\_\_\_ 6030.23 \_\_\_\_\_  
Classification Multi-Rental \_\_\_\_\_  
SINC \_\_\_\_\_ 6514 / 6513 \_\_\_\_\_ BOE \_\_\_\_\_ 99 \_\_\_\_\_  
HOP \_\_\_\_\_ Date \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**  
RESIDENTIAL PROPERTY RENTAL

**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:**

- Recorded Property Owner \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
- Rental Property Address \_\_\_\_\_ Ste/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Parcel # (A Business License is Required for EACH Parcel) \_\_\_\_\_ Number of Units \_\_\_\_\_
- Mailing Address \_\_\_\_\_ Ste/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BUSINESS ACTIVITY:**

- Describe exactly what you are being licensed to do. Residential Property Rental
- Date Property Purchased \_\_\_\_\_
- Estimated Monthly Gross Rents in Stockton \$ \_\_\_\_\_

**ORGANIZATION INFORMATION:**

- Federal Tax ID# \_\_\_\_\_
- State Employer ID# \_\_\_\_\_
- 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: \_\_\_\_\_



**FOR OFFICE USE ONLY:**

Bus Lic # \_\_\_\_\_

**COMPLETE PAGE 2 OF THE APPLICATION**

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
<b>Dept/Div Checked Must Approve or Deny</b>		<b>Authorized Signature and Date</b>	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**