



BUSINESS TAX APPLICATION

Business Tax No. _____

Finance Department - Revenue Division
Ph: (510) 494-4790 | Fax (510) 494-4754 39550
Liberty Street, P. O. Box 5006
Fremont, CA 94537-5006
www.fremont.gov

Click to print:

- New Business
- Home Occupation Form Required
- Out-Of-Town Business
- Change of Owner
- Change of Business Name
- Location Change 2nd Location

Please complete ALL SPACES related to your business. Please type or print clearly in ink.

Business Name _____	Bus. Start Date in Fremont _____
Corporation Name <small>(if different)</small> _____	Sellers Permit No. _____
Business Location <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> _____	Federal Tax ID No. _____
Mailing Address _____	State Tax ID No. _____
Phone No. _____ Alternate/Cell _____	State License No. _____
Email Address _____	License Type _____
Website Address _____	Expiration Date _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	Fax No. _____

CHECK ALL APPROPRIATE BOX(ES) AND DESCRIBE BUSINESS ACTIVITY. WRITE PERCENTAGE IF MORE THAN ONE.

Provide detailed description of business activity conducted in Fremont. _____

<p>Does your company sell products over the internet? YES/NO Or by catalog? YES/NO</p> <table border="0" style="width: 100%;"> <tr> <td>Retail Sales _____ %</td> <td>Service _____ %</td> </tr> <tr> <td>Wholesale _____ %</td> <td>Professional Services _____ %</td> </tr> <tr> <td>Warehousing _____ %</td> <td>Administrative Office (No Sales) _____ %</td> </tr> <tr> <td>Manufacturing _____ %</td> <td>Rental Property _____ %</td> </tr> <tr> <td>Real Estate _____ %</td> <td>Property Management _____ %</td> </tr> </table>	Retail Sales _____ %	Service _____ %	Wholesale _____ %	Professional Services _____ %	Warehousing _____ %	Administrative Office (No Sales) _____ %	Manufacturing _____ %	Rental Property _____ %	Real Estate _____ %	Property Management _____ %	<p>Number of employees at Fremont Location including owner: _____</p> <p>What is the square footage at your location: _____</p> <p>Does your business share occupancy with another business? If yes, list name of business: _____</p> <p>If your business has more than one location in Fremont, indicate the location(s): _____</p> <p><input type="checkbox"/> Please check here if you do not wish to have your business information listed on 3rd party business lists.</p>
Retail Sales _____ %	Service _____ %										
Wholesale _____ %	Professional Services _____ %										
Warehousing _____ %	Administrative Office (No Sales) _____ %										
Manufacturing _____ %	Rental Property _____ %										
Real Estate _____ %	Property Management _____ %										

Enter below names of Owners, Partners, or Corporate Officers - DO NOT LEAVE BLANK (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Phone No. _____	
Home Address <small>(Cannot be P.O. Box)</small> _____		Driver Lic. No. _____	
		Soc. Sec. No. _____	
2nd Owner Name _____	Title _____	Phone No. _____	
Home Address <small>(Cannot be P.O. Box)</small> _____		Driver Lic. No. _____	
		Soc. Sec. No. _____	

In case of emergency, please contact _____ (attach additional sheet, if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell No. _____

NOTE: Payment of Business Tax does not relieve the Applicant (Business) of the requirement to comply with Zoning, Health, Safety and other regulations (State, City and Federal). All persons conducting a business in/from the City of Fremont are required to pay the City Business Tax and any related fees. It is important that the City has a correct and accurate record of your business. The application for a FREMONT BASED BUSINESS is subject to a review process. I hereby certify under penalty of making a false oath that the information contained herein is, to the best of my knowledge and belief, a true and complete statement.

I understand that it is my responsibility to renew or close my business tax account prior to its expiration date.

Signature of Owner or Authorized Agent _____

Applicant's Printed Name _____

Phone Number _____ Date _____

NOTICE: 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 - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

OFFICIAL USE ONLY

Date Paid _____	Seq. No. _____
Amt Paid _____	Check No. _____



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(510) 494-4790

39550 Liberty Street, P. O. Box 5006

Fremont, CA 94537-5006

www.fremont.gov

Fax (510) 494-4754

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All persons conducting a business in/from the City of Fremont are required to pay the City Business Tax and any related fees. It is very important that the City has a correct and accurate record of your business.

The application for FREMONT BUSINESS TAX is subject to a review process.*

* In order to open a business, approval may be required from the Planning Division, Building & Safety Division, Police Department, Fire Department, and/or the Alameda County Health Department.

Business Name: _____

Business Location: _____
 (Cannot be P.O. Box) Number Street City State Zip

OFFICIAL USE ONLY

Returned to Revenue by: _____ **Bldg. Insp. File #:** _____

Taxpayer #: _____ **MIS #:** _____ **SIC:** _____

Occ. Grp.: _____ **Construction Type:** _____

Zoning District		Appl Rec'd	Reviewed (See Comments)	Name of Reviewer	Date
Zoning	494-4455				
Building Inspection	494-4460				
Fire/Hazardous Mat Dept.	494-4285				
Police Dept.	790-6972				
Health Dept.	567-6700				

Department	Reviewer Comments

Department	Other Comments