



CITY OF SAN BERNARDINO
BUSINESS REGISTRATION CERTIFICATE APPLICATION

CITY HALL 290 NORTH "D" STREET, SAN BERNARDINO, CA 92401
OFFICE 201 N. E St., 1st FLR, SAN BERNARDINO, CA 92401
MAILING P.O. BOX 1318, SAN BERNARDINO, CA 92402

PHONE: (909) 384-5302 ACCOUNT NO.: CLASS:

Vendor

THE FOLLOWING IS PUBLIC INFORMATION:

New Renewal Other

City of San Bernardino Business Start Date:

Name of Business/DBA:

Location of Business: NATIONAL Orange Show 389 SE Street San Bernarndo CA 92408

Mailing Address:

Name of Owner/Corporation: Business Phone#:
(Attach separate sheet for corporate officers/partners)

Description of Business/ Products Sold:

Business Type: Sole Ownership Partnership Corporation LLC

Contractor's State License / State Sales Tax #:

Contractor's License Expiration Date: Number of Employees:

THE FOLLOWING IS CONFIDENTIAL INFORMATION:

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).

OWNER/CORPORATE OFFICE CONTACT INFORMATION

Residence Address City State Zip Code

Home Phone # Driver's License # Date of Birth

Social Security/ITIN# Partnership/Corporation Tax I.D. # State

Employer Identification # State Federal

E-mail address E-mail Renewals Only

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.

SIGNATURE (X) Owner Authorized Representative
(PLEASE NOTE: APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT A SIGNATURE.)

Table with 2 columns: COMPUTATION OF FEES, FEE AMOUNT. Rows include: GROSS RECEIPTS, PRIOR YEAR ADJUSTMENT, FLAT RATE, NUMBER OF VEHICLES/GAMES OR VENDING MACHINES, PENALTY, EXT.ENF. FEE, OTHER (10 per day), STATE MANDATED DISABILITY ACCESS AND EDUCATION FUND, TOTAL AMOUNT DUE.

30 Days prior to show

MAKE CHECK OR MONEY ORDER PAYABLE TO THE CITY OF SAN BERNARDINO CREDIT/DEBIT CARD ACCEPTED (ADDITIONAL FEES APPLY)

For Office Use Only:

Expiration Date: Amount: \$ Check #: Date: By: