



**CITY OF RIVERSIDE  
BUSINESS TAX APPLICATION**

3900 MAIN STREET  
RIVERSIDE, CA 92522  
(PHONE) 951-826-5465  
(FAX) 951-826-2505

**GENERAL INFORMATION**

OWNER'S NAME (If corporation, use corporate name. If partnership-principal)		DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
BUSINESS NAME (DBA)		DESCRIPTION OF BUSINESS (Be specific)	HOME OCCUPATION: <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> SOLE OWNER		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> L.L.P.
<input type="checkbox"/> L.L.C.				
BUSINESS ADDRESS	STREET	CITY	STATE	ZIP
AREA CODE/TELEPHONE				
MAILING ADDRESS (if different)	STREET	CITY	STATE	ZIP
AREA CODE/TELEPHONE				
RESIDENCE ADDRESS (if different)	STREET	CITY	STATE	ZIP
AREA CODE/TELEPHONE				
RIVERSIDE START DATE	FEDERAL TAX ID. NUMBER	SALES TAX (SELLER'S PERMIT) NUMBER	SOCIAL SECURITY NUMBER	BUSINESS E-MAIL
DOES YOUR BUSINESS HAVE A CALIF. STATE LIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE LICENSE NUMBER	CLASSIFICATION(S)	EXPIRATION DATE
LIST OF PRINCIPLE OFFICER'S OR PARTNER'S NAMES AND ADDRESSES		TITLE	AREA CODE/TELEPHONE	
		TITLE	AREA CODE/TELEPHONE	
		TITLE	AREA CODE/TELEPHONE	

**BUSINESS OPERATIONS INFORMATION**

<b>RETAIL/WHOLESALE/MANUFACTURING BUSINESS INFORMATION</b>	<b>GENERAL//PROFESSIONAL SERVICES INFORMATION</b>
Does your business sell to the general public? <input type="checkbox"/> Y <input type="checkbox"/> N	Does your business provide a professional service? (practice of law, medicine, dentistry, accounting, engineering, Mortuary, hospital, architecture, chemistry, geology etc.) As defined in RMC 5.04.010 <input type="checkbox"/> Y <input type="checkbox"/> N
Is your business wholesale only? <input type="checkbox"/> Y <input type="checkbox"/> N	Does your business offer massage? <input type="checkbox"/> Y <input type="checkbox"/> N
Is your business manufacturing only? <input type="checkbox"/> Y <input type="checkbox"/> N	Are you an Adult Entertainment Business? <input type="checkbox"/> Y <input type="checkbox"/> N
Is your business automobile sales only? <input type="checkbox"/> Y <input type="checkbox"/> N	How many employees does your business have working in Riverside? Non-professional? _____ Professional? _____
Do you operate a food cart/pushcart? If yes, where do you operate? _____	
Do you plan to sell alcoholic beverages? If yes, ABC License Number: _____	<b>HAZARDOUS MATERIALS/MEDICAL WASTE</b>
Does your business have amusement machines, video games Vending machines and/or pool tables? How many: _____ Type: _____	Will you use, store, or transport chemicals (new or waste state)? <input type="checkbox"/> Y <input type="checkbox"/> N Will you manage or produce biohazardous materials or waste? <input type="checkbox"/> Y <input type="checkbox"/> N
What is your first year estimated gross receipts? \$ _____	<b>BUILDING AND FACILITY INFORMATION</b>
	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent/lease your business property? If rent/lease, who is the property owner? _____

**ACKNOWLEDGEMENT**

Payment of this tax does not constitute zoning or building code approval. Check with the Planning Department in order to determine if your business can be legally established at your location. I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.

SIGNATURE, OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_ PRINT NAME/TITLE \_\_\_\_\_

**FINANCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE**

ACCOUNT NUMBER	LOCATION	TYPE	RATE	EXPIRATION DATE	RECEIVED BY	SOURCE	DATE RECEIVED
ID. NO.   APPLICANT/ CONTACT NO.	TAX CALCULATION			DETAILS/REMARKS			APPROVALS
	Base Tax: _____						DEPARTMENT: _____
	Tax 1: _____						APPROVED BY: _____
	Tax 2: _____						DATE APPROVED: _____
	Adjustment: _____						COMMENTS: _____
	Penalty: _____						
Subtotal: _____							
Imp. Dist: _____							
Total Due: _____							