

RENEWAL# _____
NEW # _____
START DATE: _____



CITY OF LOMA LINDA
FINANCE DEPARTMENT
25541 BARTON RD
LOMA LINDA, CA 92354
PHONE # (909) 799-2846
FAX # (909) 799-2893

BUSINESS LICENSE TAX APPLICATION

COMPANY NAME AND MAILING ADDRESS:

PHYSICAL LOCATION

(List address where each individual consents to receive service of process per AB2184 Sec.16000 1(a) (2))

PHONE NUMBER _____

FAX NUMBER _____

TYPE OF OWNERSHIP

SOLE PROP.	CO-OWNER	PARTNERSHIP	CORPORATION	CHARITABLE

SS#, DL# or Other ID No. _____ Board of Equalization Resale No. _____
Federal Tax ID No. _____ State Employee No. _____
State License # _____ Expiration Date: _____ Classification: _____

Business Tax Due: _____
***State Mandated Fee: \$4.00**
Registration Application Fee: \$28.00
Total: _____

SOLE PROPRIETORS, PARTNERS OR COPORATE OFFICERS (NOT PUBLIC INFORMATION)

NAME	TITLE	HOME ADDRESS & ZIP CODE	HOME PHONE #

1. PRODUCT(S) SOLD/DESCRIPTION OF BUSINESS _____

2. SERVICE(S) RENDERED _____

OTHER: _____

EMAIL ADDRESS: _____ WEB SITE: _____

I HEREBY DECLARE THAT ALL STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ SIGNATURE _____ TITLE _____

*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:
o The Division of the State Architect at www.dgs.ca.gov/dsa
o The Department of Rehabilitation at www.dor.ca.gov
o The California Commission on Disability Access at www.cdda.ca.gov