

**PAYMENT MUST BE RECEIVED OR POSTMARKED BEFORE
THE PURCHASE DATE TO AVOID PENALTIES AND INTEREST.**

**REGISTRATION FORM
BUSINESS TAX
RENTAL PROPERTY**



CITY OF SAN JOSÉ
200 E. Santa Clara St.
San Jose, Ca 95113-1905
(408) 535-7055

YOU MUST COMPLETE BOTH SIDES.

PLEASE PRINT OR TYPE.

OFFICE USE ONLY	
SIC CODE	
BID PRIOR	
BID CURRENT	
BID PENALTY/INTEREST	
PRIOR TAX	
CURRENT TAX	
PENALTY/INTEREST	
TOTAL DUE	
VERIFIED BY	
CASH RECEIPT #	
MAIL APP. AMT REC'D	
DATE/INITIALS	

BUSINESS NAME (IF APPLICABLE)		NAME(S) OF PROPERTY OWNER(S)	
RENTAL PROPERTY ADDRESS		TYPE OF OWNERSHIP (CIRCLE ONE)	
NO	DIR.	ST/AVE/BL	SUITE/RM
CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		ASSESSOR'S PARCEL NUMBER	
NO	DIR.	ST/AVE/BL	SUITE/RM
CITY		STATE	ZIP
BUSINESS PHONE		PURCHASE DATE	SOCIAL SECURITY NO.

**CONFIDENTIAL/EMERGENCY CONTACT INFORMATION
OWNER/CORPORATE OFFICER INFORMATION**

BUSINESS TAX NO. _____
SOURCE **NQ** _____

OWNER NAME _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE /ID# _____ DATE OF BIRTH ____/____/____

RESIDENCE PHONE NO. _____

DAY TIME PHONE NO. _____ FAX NO. _____

CELL NO. _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT NOT LIVING WITH YOU _____

RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____

REVERSE SIDE MUST BE COMPLETED AND SIGNED

LIST ALL RESIDENTIAL AND COMMERCIAL PROPERTIES WITH THE SAME OWNERSHIP. PROPERTY WITH DIFFERENT OWNERSHIP MAY NEED A SEPARATE BUSINESS TAX. FOR RESIDENTIAL, ENTER THE NUMBER OF UNITS. FOR COMMERCIAL, ENTER THE SQUARE FOOTAGE.

		NO. OF UNITS OR SQ. FT.	DATE PURCHASED	TYPE (DUPLEX, APARTMENT, ETC...)	ASSESSORS PARCEL NUMBER	BUSINESS TAX NUMBER
1	PROPERTY ADDRESS					
2	PROPERTY ADDRESS					
3	PROPERTY ADDRESS					
4	PROPERTY ADDRESS					
5	PROPERTY ADDRESS					
6	PROPERTY ADDRESS					
7	PROPERTY ADDRESS					
8	PROPERTY ADDRESS					
9	PROPERTY ADDRESS					
10	PROPERTY ADDRESS					

ATTACH LIST FOR ANY ADDITIONAL UNITS

I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect.

I understand that:

The taxes are paid annually in advance and are not refundable. I will receive a business certificate, which is a receipt for payment of the business tax and must be posted in my place of business or carried. I must notify this office of any change in location, ownership, business name, basis of tax, and of termination of business. I must pay the tax annually upon expiration of my certificate. The business tax office is not required to issue renewal notices. The issuance of a Business Tax Certificate does not constitute a license to operate. All clearances and/or permits for all City of San José departments must be obtained, and I must comply with all other ordinances and/or laws.

DATE

PRINT NAME & POSITION WITH COMPANY

SIGNATURE

REVERSE SIDE MUST BE COMPLETED