

# City of CORCORAN

## Business Tax Certificate Application

Application for: \_\_\_ New Business \_\_\_ Name Change \_\_\_ Change of Location \_\_\_ Change of Ownership \_\_\_ New Mailing Address

### BUSINESS:

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ State Employer #: \_\_\_\_\_

State License #: \_\_\_\_\_ County Food Permit #: \_\_\_\_\_

Gross Receipts: \_\_\_\_\_ State Sales Tax #: \_\_\_\_\_

### BILLING:

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this for a home based business (mark one): No \_\_\_\_\_ Yes \_\_\_\_\_

### OWNER:

Owner's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License # \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Status (check one): Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Note: Workers' Compensation Information is required if you are a contractor.  
A Seller's Permit may be required. If you need information on where to file, please ask us.  
The Kings County Clerks Office may require a fictitious name statement.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by City and County Officials

Building Inspector Approve/Disapprove Date \_\_\_\_\_ Initials/Comments \_\_\_\_\_

Fire Department Approve/Disapprove Date \_\_\_\_\_ Initials/Comments \_\_\_\_\_

Planning Department Approve/Disapprove Date \_\_\_\_\_ Initials/Comments \_\_\_\_\_

Health Department Approve/Disapprove Date \_\_\_\_\_ Initials/Comments \_\_\_\_\_

Other Approve/Disapprove Date \_\_\_\_\_ Initials/Comments \_\_\_\_\_

Business No. \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Deputy City Clerk \_\_\_\_\_