

CITY AND COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR

JOSÉ CISNEROS, TREASURER
GEORGE PUTRIS, TAX ADMINISTRATOR



Taxpayer Assistance, City Hall – Room 140
#1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
TEL.: (415) 554-4400; FAX: (415) 554-6207
www.sftreasurer.org

I N S T R U C T I O N S

BUSINESS REGISTRATION CERTIFICATE APPLICATION: SOLE PROPRIETORSHIPS/INDEPENDENT CONTRACTORS

COMPLETING THE APPLICATION: Please type or print legibly.

OWNERSHIP NAME: This is the name of the person who is the owner of the business or is the independent contractor. Sole proprietorships can consist of an individual or a married couple or a registered domestic partnership.

SOCIAL SECURITY NUMBER: Provide the owner's or independent contractor's Social Security Number (or TIN, if applicable). This information is not public, but is used for internal purposes to process the registration application. Spouses and registered domestic partners can file as a sole proprietorship using either person's Social Security Number.

BUSINESS START DATE IN S.F.: The date the entity started business activity in San Francisco or the date of registration if business activity has not commenced. Per the San Francisco Business and Tax Regulations Code (Article 12, Section 856[f]), an entity "shall have 15 days after commencing business within the City to apply for a registration certificate".

OWNERSHIP TYPE: Check the applicable box, if any.

ADDRESSES: The business mailing address is the address to which this office can mail all documents. Any valid mailing address (including home or postal box) is acceptable. If the address of the location where accounting records are kept is the same as the mailing address, check the box; otherwise provide address. If the physical location of the business is the same as the mailing address, check the box; otherwise provide address. Please note that a postal box is not acceptable to list as a business location. For additional San Francisco locations, use an additional form or supply an attached sheet.

RESIDENTIAL AND COMMERCIAL LESSORS (only if applicable): Residential landlords renting units in a building of four or more units, or in multiple buildings in San Francisco are required to register as a business with the Tax Collector. All commercial landlords renting units in San Francisco are required to register with the Tax Collector. Indicate the total number of residential and/or commercial units.

RESIDENCE ADDRESS: This is the home address of the business owner or independent contractor. This information is not public, but is used for internal purposes to process the registration application.

BUSINESS NAME (DBA – "DOING BUSINESS AS" or FBN "FICTITIOUS BUSINESS NAME"): The name(s) your business is using to conduct business in San Francisco. Note: Whereas your business name may be as long as you like, only 30 characters will appear on the Business Registration Certificate issued by the Office of the Treasurer & Tax Collector. For additional FBNs and locations, use an additional form or supply an attached sheet with complete information. It is advisable to check the County Clerk's online database of registered FBNs in San Francisco to ensure that you are comfortable with the name or names you are using for your business. After registering with the Tax Collector, all businesses with location in San Francisco and using an FBN must register the name with the County Clerk (City Hall, Room 168; 415-554-4950).

BUSINESS DESCRIPTION: Provide a brief description of the primary nature of the business (i.e., source of revenue or activity – e.g., "Clothing – retail", "Furniture – Wholesale", "Consulting Services", "Mortgage Broker", "Full Service Restaurant", etc.). If there is more than one type of business activity or revenue source, use more than one line.

ESTIMATED SAN FRANCISCO ANNUAL TAXABLE PAYROLL and NUMBER OF EMPLOYEES: The amount of estimated payroll expense and the estimated number of employees expected to be employed during the first full year of operation in San Francisco. (Independent contractors are not considered employees for the purpose of indicating payroll.)

IMPORTANT: Complete, sign, and date the second page/side of the application and remit the required registration fee. Refer to "Understanding the SF Business Registration Certificate" (www.sfgov.org/tax/businessforms) for fee information. Information must be filled out completely in order to ensure timely processing. Starting with renewals for the 2011-2012 fiscal year, the registration certificate must be renewed annually on or before May 31 for the upcoming fiscal year (beginning July 1).

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(FOR OFFICE USE ONLY)

Certificate No.: _____

Registration Fee(s) Paid: _____

Staff Initials and Date: _____

BUSINESS REGISTRATION CERTIFICATE APPLICATION
SOLE PROPRIETORSHIPS/INDEPENDENT CONTRACTORS

OWNERSHIP NAME: _____
Last Name First Name Middle Initial

 Social Security Number Business Start Date in S.F.

OWNERSHIP TYPE: Individual Married Spouses Domestic Partners 1-Member LLC Other (specify)

BUSINESS MAILING ADDRESS:

 Last Name First Name Middle Initial Title/Position (optional, if needed)

 Street Address (Postal boxes are acceptable for mailing address) Area Code Telephone

 City State ZIP Code Country (for foreign addresses only)

ACCOUNTING RECORD LOCATION: Check here if same as Business Mailing Address; otherwise enter address below.

 Last Name First Name Middle Initial Title/Position

 Street Address Area Code Telephone

 City State ZIP Code Country (for foreign addresses only)

BUSINESS LOCATION (PO Box not acceptable): Check here if same as Business Mailing Address; otherwise enter address below

 Street No. Street Name Suite/Room City State ZIP Code

RESIDENTIAL AND COMMERCIAL LESSORS ONLY: Total # of Residential Units: _____ Total # of Commercial Units: _____

RESIDENCE ADDRESS (This information is not public, but is used for internal purposes to process the application):

 Street Address Area Code Telephone

 City State ZIP Code Country (for foreign addresses only)

BUSINESS NAME (DBA): _____

(Note: Only 30 characters will appear on your Business Registration Certificate)

BUSINESS DESCRIPTION:

Description of Primary Business Activity	Est. Payroll (12 mos.)	Est. # of Employees	FOR OFFICE USE ONLY	Business Class	PBC
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I declare under penalty of perjury, under the laws of the State of California, that I have examined this application and that the information contained herein is true and complete to the best of my knowledge and belief. I understand that misrepresentation of information is subject to a penalty of up to \$500. (San Francisco Business and Tax Regulations Code, Section 6.17-3).

APPLICANT: _____
Signature Print Full Name (and Title, if applicable)

DATE: _____ **TELEPHONE:** (____) _____