

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

JOSÉ CISNEROS, TREASURER



Taxpayer Assistance, City Hall – Room 140
#1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
Customer Service: Dial 3-1-1 (within S.F. only) or (415) 701-2311
www.sftreasurer.org

INSTRUCTIONS BUSINESS REGISTRATION CERTIFICATE APPLICATION

COMPLETING THE APPLICATION: Please type or print legibly.

BUSINESS STRUCTURE: Check the box that describes the ownership of your business. If the ownership is something other than an option listed, check "Other" and indicate the nature of the ownership.

OWNERSHIP NAME:

Sole Proprietors: 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.

All others: For a general partnership, list the names of all partners here. If more than 30 characters, you may use initials for first names, and/or "et al"; the full names of all partners, however, must be listed on the second page/side of the application. For a corporation, LLC, LLP, or LP, provide the entity name as registered with the Secretary of State.

TAXPAYER IDENTIFICATION NUMBER: This information is not public, but is used for internal purposes to process the registration application.

Social Security Number: We require the sole owner's or independent contractor's Social Security Number (or TIN, if applicable). Spouses and registered domestic partners can file as a sole proprietorship using either person's Social Security Number.

Federal Employer Identification Number (FEIN, a.k.a. EIN): An FEIN is required for all partnerships, corporations, and LLCs (other than single-member LLCs, which may use either an FEIN or Social Security Number). This number is obtained from the Internal Revenue Service. Proof of FEIN issued by the IRS may be required to be submitted with the application.

State Corporate Number: For corporations who have filed Articles of Incorporation or Limited Liability Companies (LLCs) or Limited Liability Partnerships (LLPs) who have filed Articles of Organization with the Secretary of State.

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".

ADDRESSES: The business mailing address is the address to which this office will mail all documents. Any valid mailing address (including home or postal box) is acceptable. 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.

BUSINESS NAME (DBA – "DOING BUSINESS AS" or FBN "FICTITIOUS BUSINESS NAME"): The name(s) your business is using to conduct business in San Francisco. While 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).

PRIMARY BUSINESS ACTIVITY: 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, attach additional sheet with the requested information.

Estimated S.F. Payroll Expenses & # of Employees & Gross Receipts: The amount of estimated payroll expense, the estimated number of employee, and estimated amount of gross receipts expected during the first full year of operation in San Francisco.

RESIDENTIAL OR 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.

PARKING TAX SIMPLIFICATION APPLICANTS (only if applicable): Check here if you intend to apply for parking tax amnesty under Section 609 of the S.F. Business & Tax Regulations Code.

OWNERSHIP DETAILS: Complete all requested information, even if you are a sole proprietor or independent contractor.

IMPORTANT: Complete, sign, and date the second page/side of the application and remit the required registration fee. For fee and tax information, go to www.sftreasurer.org, click on "Business" heading, then on "Business Taxes & Fees". Information on this form must be filled out completely in order to ensure timely processing. The registration certificate must be renewed annually on or before May 31 for the upcoming fiscal year (beginning July 1).

CITY AND COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR**JOSÉ CISNEROS, TREASURER**

Taxpayer Assistance, City Hall – Room 140
 #1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
 Customer Service: Dial 3-1-1 (within S.F. only) or (415) 701-2311
 www.sftreasurer.org

(FOR OFFICE USE ONLY)

Certificate No: _____

Sec. 609: ☐ Yes 0211 ☐ No

Staff Initial & Date: _____

A P P L I C A T I O N

BUSINESS REGISTRATION CERTIFICATE

Business Structure

Ownership (check one):	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership (LP)
	<input type="checkbox"/> Individual <input type="checkbox"/> Married Spouse <input type="checkbox"/> Domestic Partners <input type="checkbox"/> 1-Member LLC	<input type="checkbox"/> Limited Liability Entity (LLC, LLP)	<input type="checkbox"/> Other: _____	

OWNERSHIP**NAME:** _____Owner or Partners' Names (Last, First) *or* Corporate Name *or* Organization Name (Will be entered as 30 characters or less)

Federal Employer Identification Number (FEIN) _____ State Corporate/Organization Number (if applicable) _____ Start Date in S.F. (required) _____
 or Social Security Number (SSN) _____

BUSINESS MAILING ADDRESS to which the certificate should be sent:

Last Name	First Name	Middle Initial	Title/Position (optional, if needed)
Street Address (Postal boxes are acceptable for mailing address)		Email: _____ @ _____	
City	State	Zip Code	Tel.: (____) _____ - _____ Country (for foreign addresses only)

BUSINESS LOCATION - List all locations and primary business activity associated to this ownership (include any location that is permitted to do business in San Francisco). Attach additional sheet(s) as needed. PO Box is not acceptable for location. Only 30 characters will appear on your Business Registration Certificate.

☐ Check here if same as Business Mailing Address; otherwise enter address below**BUSINESS NAME** (doing business as): _____

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

PRIMARY BUSINESS ACTIVITY:

Estimated S.F. Payroll Expenses for 12 mos. \$ _____	Estimated # of S.F. Employees _____	Estimated S.F. Gross Receipts for 12 mos. \$ _____
--	-------------------------------------	--

CHECK IF YOUR BUSINESS INVOLVES THE RECEIPT OF:

<input type="checkbox"/> PARKING TAXES	<input type="checkbox"/> UTILITY USERS TAXES	<input type="checkbox"/> ACCESS LINE TAXES
<input type="checkbox"/> TRANSIENT OCCUPANCY TAXES	<input type="checkbox"/> STADIUM ADMISSION TAXES	

For Office Use Only

CLASS: _____

PBC: _____

RESIDENTIAL OR COMMERCIAL LESSORS ONLY: Total # of Residential Units: _____ Total # of Commercial Units: _____**PARKING TAX SIMPLIFICATION APPLICANTS ONLY:** ☐ Yes, I do intend to apply. ☐ No, I do not intend to apply.*Relief under Section 609 amnesty for parking taxes*

OWNERSHIP DETAIL: List all sole proprietors, general and/or limited partners, officers, members, or other entities that make up the ownership of the business. If there are more than two ownership entities, please attach an additional sheet (or sheets) as needed.

<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>			<div> <div></div> <div></div> </div>			<div> <div></div> <div></div> </div>		
Last Name			First Name			Middle Initial		
Residence Address			City, State			ZIP Code		
Social Security Number			()			Telephone		
<div> <div>IF GENERAL PARTNERSHIP, LLC, LLP, OR JOINT VENTURE:</div> <div>Percentage of Ownership = _____ %</div> </div>			<div> <div>IF CORPORATION:</div> <div> <div><input type="checkbox"/></div> <div>Corporate Officer</div> </div> <div> <div><input type="checkbox"/></div> <div>Major Stockholder</div> </div> <div> <div><input type="checkbox"/></div> <div>Both</div> </div> </div>			<div> <div>IF LP:</div> <div> <div><input type="checkbox"/></div> <div>General Partner</div> </div> <div> <div><input type="checkbox"/></div> <div>Limited Partner</div> </div> <div>Percentage of Ownership = _____ %</div> </div>		

<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>			<div> <div></div> <div></div> </div>			<div> <div></div> <div></div> </div>		
Last Name			First Name			Middle Initial		
Residence Address			City, State			ZIP Code		
Social Security Number			()			Telephone		
<div> <div>IF GENERAL PARTNERSHIP, LLC, LLP, OR JOINT VENTURE:</div> <div>Percentage of Ownership = _____ %</div> </div>			<div> <div>IF CORPORATION:</div> <div> <div><input type="checkbox"/></div> <div>Corporate Officer</div> </div> <div> <div><input type="checkbox"/></div> <div>Major Stockholder</div> </div> <div> <div><input type="checkbox"/></div> <div>Both</div> </div> </div>			<div> <div>IF LP:</div> <div> <div><input type="checkbox"/></div> <div>General Partner</div> </div> <div> <div><input type="checkbox"/></div> <div>Limited Partner</div> </div> <div>Percentage of Ownership = _____ %</div> </div>		

By signing this application, I declare under penalty of perjury, under the laws of the State of California, that I am the authorized registrant and have examined this application, that the information contained herein is true, complete to the best of my knowledge and belief, and that I am fully compliant with all of the requirements of the San Francisco Business & Tax Regulations Code. I agree to inform the Office of the Treasurer & Tax Collector of any changes in writing within five business days.

AUTHORIZED
REGISTRANT: _____ DATE: ____/____/____
Signature

Print Full Name: _____ **Title:** _____

PLEASE READ THIS NOTICE

SB 1186 adds a state fee of \$1 on any business application or renewal. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses to facilitate compliance with federal and state disability laws, as specified. 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:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.

The Department of Rehabilitation at www.rehab.cahwnet.gov.

The California Commission on Disability Access at www.cdda.ca.gov.