	CITY OF GARDEN GROVE	DATE STAMP		
	FINANCE DEPARTMENT – BUSINESS TAX 11222 ACACIA PKWY GARDEN GROVE, CA 92840 PO BOX 3070 GARDEN GROVE, CA 92842 Phone (714) 741-5074 – <u>www.ggcity.org</u>			
GARDEN GROVE	<b>BUSINESS TAX CERTIFICATE APPLICATION</b>	PPN#		
OFFICE USE ONLY:	HB $\Box$ COMM $\Box$ OOC CTR $\Box$ RENTAL $\Box$ IND CTR $\Box$ FOOD T	RUCK 🔲 SVC PRVDR		
SOS EN #	SIC: BT#			
1) BUSINESS INFORM				
Name of Business (DBA):				
Name of Corporation or LLC:				
Name of Owner(s), Partne	rs, or Corporate Officer(s):			
Business Start Date in Garden Grove:SIC Code:				
Physical Business Address	S:			
Service of Process Addres	s:(Address where business has consented to receive officia	ULLS Mail)		
Business Mailing Address:				
	(If different from the Service of Process Address)			
	Owner  LLC  Corporation  Partnership Number of Employ			
-	Federal Tax ID #			
	ITIN or Other ID #			
-	siness Activity:			
Business Phone:(Will be	Business Email:         public information)         (Will be public inform	nation)		
Seller's Permit Number:	NPDES / WDID #			
State Contractors License	# Class: Expiration Dat	e:		
Job Address:	General Contractor 🗆 Sub-Contrac	tor 🗆 Sub List Provided		
Other State License:	ABC License #			
Nun	nber Type Exp. Date			
building owners and tenants comply with disability access	FORMATION: ompliance with disability access laws is a serious and significant responsibilit with buildings open to the public. You may obtain information about your laws at the following agencies: The Division of the State Architect at <u>www</u> tion at <u>www.rehab.cahwnet.gov</u> . The California Commission on Disability A	legal obligations and how to dgs.ca.gov/dsa/Home.aspx.		
	enalty of perjury that I have read and understand the above s	tatements, and that the		
	ve is true and correct to the best of my knowledge and ability. Date			

3) SUPPLEMENTARY INFORMATION		ATION IS NON-PUBLIC):		
PRIMARY OWNER OR PRINCIPAL:				
Owner or Principal		Title	_	
Residence Address: Number Street	Unit# Cit	ty State Zip		
Date of Birth	Social Security	#	_	
Driver's License#	Cell Phone _			
Signature		Date		
SECONDARY OWNER OR PRINCIPAL:				
Owner or Principal		Title	_	
Residence Address: Number Street	Unit# Cit	ty State Zip	_	
Date of Birth	Social Security	, #		
Driver's License# Cell Phone				
Signature		Date		
MOBILE VENDORS / FOOD TRUCKS ON				
Products Sold	Registered Owne	er of Vehicle	_	
Is Vehicle Subleased? $\Box$ YES $\Box$ NO	VIN #		_	
		nse Plate #	_	
THE FOLLOWING DOCUMENTATION M     Legible copy of valid driver's license for each drive		INESS LICENSE APPLICATION: ration • Proof of current auto insurance referencing VIN #		
Color photos of vehicle showing full side profile wi				
4) CALCULATING BUSINESS LICEN	I <mark>SE COST FOR INITIAL</mark>	L APPLICATION:		
VALIDATION		BASE TAX DUE \$42.	<u>50</u>	
		PENALTY (10% of base tax) \$		
	]	PROCESSING FEE \$	<u>00</u>	
TAXES ARE DUE PRIOR COMMENCEMENT OF BUSINESS. BUSINESS LICENSES ARE ANNUAL, ANNIVERSARY DATED. RENEWALS ARE BASED ON GROSS RECEIPTS IN ARREARS PER THE APPLICABLE TAX SCHEDULE FOR YOUR TYPE OF BUSINESS.		STATE ADA FEE \$ <u>4.00</u>		
		TOTAL DUE <u>\$ 71.50</u>		
	SK TIFL OF BUSINESS.	<u>_</u>		
ZONING CLEARENCE AREA USE ONLY		BUSINESS TAX OFFICE USE ONLY		
YES NO INITIALS	DATE	BT#		
ZONE:	SQ FT	NN# INITIALS	_	
CONDITIONS:		AUDIT		