

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

JOSÉ CISNEROS, TREASURER
GEORGE PUTRIS, TAX ADMINISTRATOR

Business Tax & Taxpayer Assistance, City Hall - Room 140
 #1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
 TEL.: (415) 554-4400; FAX: (415) 554-6207; TTY: (415) 554-4455
 TTY: (415) 554-4455 (service for the deaf/hearing impaired)
 www.sfgov.org/tax



(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	
_____ Description of Primary Business Activity	_____ Est. Payroll (12 mos.)	_____ Est. # of Employees		
			_____ Business Class	_____ PBC
			_____ Business Class	_____ PBC

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

DATE: _____ TELEPHONE: (_____) _____



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

City Hall, Room 140
#1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102
(415) 554-4400; TTY: (415) 554-4455
www.sfgov.org/tax



JOSÉ CISNEROS, TREASURER
GEORGE PUTRIS, TAX ADMINISTRATOR

I N S T R U C T I O N S
BUSINESS REGISTRATION CERTIFICATE
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.

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.: This is the date the business started or is expected to start in San Francisco.

OWNERSHIP TYPE: Check the applicable box, if any.

BUSINESS MAILING ADDRESS, ACCOUNTING RECORD LOCATION, AND BUSINESS LOCATION: This is the address where this office can mail all important documents to the attention of the owner (or other authorized representative) of the business entity. 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.

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 FICTITIOUS BUSINESS NAME): This is the name your business is using to conduct business in San Francisco. If there is no business name, simply write the owner's name here. Multiple names are allowed. Enter all names in the space provided or use an attached sheet for additional DBAs.

Note: Whereas your official 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. It is advisable to check the County Clerk's online database of registered Fictitious Business Names 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 Fictitious Business Names must be registered with the County Clerk (City Hall, Room 168; 415-554-4950).

BUSINESS DESCRIPTION: Provide a brief description of the primary activity or nature of the business (i.e., source of revenue or activity – e.g., "Clothing – retail", "Furniture – Wholesale", "Consulting", "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 ANNUAL PAYROLL and NUMBER OF EMPLOYEES: This is the amount of payroll expense anticipated during the first full year of operation in San Francisco and the number of employees expected to be hired during that first full year of operation in San Francisco. Employees are those workers who will receive W-2 statements from the owners; independent contractors receiving 1099 statements are not considered employees for the purpose of indicating payroll.

BUSINESS CLASS and PBC (PRINCIPAL BUSINESS CODE) – For Office Use Only: These two numbers are specific to San Francisco Tax Collector and are used to codify the general nature of your business on our current software.

APARTMENT BUILDING OWNER OR OPERATOR (only if applicable): Residential landlords renting units in buildings of four more or units and commercial landlords renting one or more spaces in San Francisco are required to register as a business with the Tax Collector. Indicate the number of units at this location, and the number of commercial units, if any.

IMPORTANT: *Remember to sign and date the application and remit the correct registration fee. Information must be filled out completely (i.e., if your business does not have payroll expense, indicate "0" in the proper space. Your application will be returned if information is incomplete. The registration certificate must be renewed annually on or before the last day in February if you continue to do business in San Francisco.*