

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



A P P L I C A T I O N
BUSINESS REGISTRATION CERTIFICATE
PARTNERSHIPS, CORPORATIONS and LIMITED LIABILITY ENTITIES

Please type or print legibly.

BUSINESS STRUCTURE: General Partnership Limited Partnership (LP) Corporation Limited Liability Entity (LLC, LLP) OTHER (Describe ownership type)

OWNERSHIP NAME: _____
 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)

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: _____

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



APPLICATION CONTINUES ON THE REVERSE SIDE



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



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

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

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

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).

AUTHORIZED REGISTRANT: _____
Signature
Print Full Name (and title, if necessary to clarify authorization)

DATE: _____ TELEPHONE: () _____
Area Code
Telephone



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

BUSINESS REGISTRATION CERTIFICATE APPLICATION: PARTNERSHIPS, CORPORATIONS and LIMITED LIABILITY ENTITIES

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 a partnership, corporation or limited liability entity, check “Other” and indicate the nature of the ownership.

OWNERSHIP NAME: 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.

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 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.

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.

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. The registration certificate must be renewed annually on or before the last day in February for the upcoming fiscal year (beginning July 1).