



CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR
ADDITIONAL OWNER(S) - ADDENDUM TO BUSINESS REGISTRATION APPLICATION

BUSINESS NAME _____ LAST FOUR OF BUSINESS TAX ID _____

Ownership percentage must add up to 100%.

Ownership Detail (Required)				
Legal Party Type (check one):	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> B - Corporation	% of Ownership _____ <input type="checkbox"/> Remainder
	<input type="checkbox"/> Association	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> C - Corporation	
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> S – Corporation	
	<input type="checkbox"/> Estate	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Public Agency			
Owner Name			Tax ID	
<i>If Sole Proprietorship the Officer's Name, Title & SSN are not required</i>				
Officer's Name		Officer's Title	Officer's SSN	
<i>The following info is the same as "Contact Person" listed in the Business Detail section</i> <input type="checkbox"/> Email Address <input type="checkbox"/> Phone # <input type="checkbox"/> Mailing Address				
Email Address			Phone # () - EXT _____	
Mailing Address		City	State	Zip

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Officer's Name		Officer's Title	Officer's SSN	
<i>The following info is the same as "Contact Person" listed in the Business Detail section</i> <input type="checkbox"/> Email Address <input type="checkbox"/> Phone # <input type="checkbox"/> Mailing Address				
Email Address			Phone # () - EXT _____	
Mailing Address		City	State	Zip

I certify under penalty of perjury that I am the business registering (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the registrant), or an agent of the registrant authorized to sign this form on behalf of the registrant pursuant to a validly executed Power of Attorney (see Instructions), and I have examined the Business Registration Application, including Addendum, and the information thereon is, to the best of my knowledge and belief, true and correct, and fully compliant with all the requirements provided in Articles 6 and 12 of the San Francisco Business and Tax Regulations Code. I am required by law to complete this form in its entirety and understand this statement is subject to audit.

Authorized Registrant: _____ Date: _____ / _____ / _____
Signature

Print Full Name: _____ Title: _____