



CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR
BUSINESS REGISTRATION APPLICATION

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

<i>FOR OFFICE USE ONLY</i>	
BAN:	_____
Staff Initial & Date:	_____

Incomplete applications or missing payments will result in rejection.

For instructions on filling out this form, or to calculate your registration fee, see attached or visit www.sftreasurer.org/registration

Business Information			
Organization Type (check one):	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> B - Corporation
	<input type="checkbox"/> Venture	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> C - Corporation
	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> S – Corporation
	<input type="checkbox"/> Limited Liability Partnership		
Is this business a non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Business Identification <i>*Sole proprietor or individual applying, enter first & last name. Do not enter your trade name.</i>			
Business Name (as shown on your income tax return)		Business Tax ID: SSN, FEIN or TIN	
Start Date in SF (MM/DD/YYYY) Future Dates Not Accepted		Telephone #	
		/ /	() EXT _____
Business Email Address			
Business Mailing Address	City	State	Zip
Are you establishing this business to be a vendor (City Bidder/Supplier) or participate in procurement processes with the City and County of San Francisco? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Supplier ID: _____ *Bidder ID: _____			
If you received a letter from the Office of the Treasurer & Tax Collector instructing you to register, enter the Correspondence ID from the top right corner of the letter here: _____			
Is this a change of ownership for an existing business? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
*Select type of ownership change: <input type="checkbox"/> Change in Entity’s Organization Type <input type="checkbox"/> Change in Entity’s Ownership			
Business Account Number of previous business: _____			
Previous business name: _____			

Ownership Information <i>*For owners that are general partnerships not registered with the Secretary of State, list the full names of all partners. For a trust, list the trustee as the owner. For all other owners that are entities, provide the entity name as registered with the Secretary of State.</i>			
Name		Business Tax ID: SSN, FEIN or TIN	
Email Address		Telephone #	
		()	EXT _____
Mailing Address	City	State	Zip

Identification of Business Activities (Required) *Using the categories provided, select all applicable business activities at each location in San Francisco, regardless of the amount of gross receipts that the business activity is expected to generate.

BUSINESS ACTIVITIES	NAICS	BUSINESS ACTIVITIES	NAICS
<input type="checkbox"/> 1 Accommodations (Includes Short Term Rental Hosts)	7210-7219	<input type="checkbox"/> 11 Insurance	5240-5249
<input type="checkbox"/> 2 Administrative and Support Services	5600-5699	<input type="checkbox"/> 12 Manufacturing	3100-3399
<input type="checkbox"/> 3 Arts, Entertainment, and Recreation	7100-7199	<input type="checkbox"/> 13 Private Education and Health Services	6100-6299
<input type="checkbox"/> 4 Biotechnology	N/A	<input type="checkbox"/> 14 Professional, Scientific, and Technical Services	5400-5499
<input type="checkbox"/> 5 Certain Services	8100-8399	<input type="checkbox"/> 15 Real Estate and Rental and Leasing Services	5300-5399
<input type="checkbox"/> 6 Clean Technology	N/A	<input type="checkbox"/> 16 Retail Trade	4400-4599
<input type="checkbox"/> 7 Construction	2300-2399	<input type="checkbox"/> 17 Transportation and Warehousing (Non Taxi)	4800-4999
<input type="checkbox"/> 8 Financial Services	5210-5239	<input type="checkbox"/> 18 Utilities	2200-2299
<input type="checkbox"/> 9 Food Services	7220-7229	<input type="checkbox"/> 19 Wholesale Trade	4200-4299
<input type="checkbox"/> 10 Information	5100-5199	<input type="checkbox"/> 20 Activity Not Listed: _____	N/A

Business Information (Required) * All questions below relate to the business being registered.

Are all your business activities wholly within San Francisco? Yes No

1. What is the average number of employees per week, including those outside of San Francisco? _____

2. What is the estimated San Francisco payroll expense? _____

3. What is the estimated San Francisco gross receipts for the current calendar year? _____

4. Does this business have taxable Business Personal Property in San Francisco? Yes No

5. Does this business receive rental income from four or more residential units in one building? Yes No

6. Is this business subject to the cannabis tax? Yes No

7. Is this business exempt from paying the Registration fee? Yes No

*(Please provide documentation to support exempt status)

Ownership Taxes and Fees (Required) * Select Yes or No for each tax type listed below.

Access Line Tax Yes No

Telephone Users Tax Yes No

Utility Users Tax Yes No

Traffic Congestion Mitigation Tax Yes No

Prior Year Gross Receipts & Payroll Expense *If start date is prior to July 1st of the current year, enter the San Francisco Gross Receipts and Payroll Expense amounts for this business for each listed prior years.

Tax Year	San Francisco Gross Receipts	San Francisco Payroll Expense

Location Details <i>*Each location name, fictitious business name (FBN) or doing business as (DBA) name should be listed separately)</i>			
Location Trade Name (DBA)*		Start Date in SF (MM/DD/YYYY) Future dates not accepted / /	
Location Address	City	State	Zip

First Year Free Program

1) Is this a commercial use location in San Francisco? Yes* No

***If you answered "yes", you may qualify for the First Year Free program. The First Year Free program waives the cost of initial license fees, first-year permit fees and other applicable fees for eligible new business locations. To qualify, you must be a new business, or a new business location that must register between November 1, 2021 and June 30, 2023, must be for commercial use, and must have San Francisco gross receipts of \$5,000,000 or less.**

Do you want to participate in the First Year Free program?*

Yes, I want to participate* No, I do not want to participate

I understand that if this business has more than \$15,000,000 in San Francisco gross receipts for the calendar year that this location commenced business in San Francisco, or the three calendar years following, this business will need to pay the amounts waived (first-year permits, initial licenses and initial business registration fees).*

Yes, I agree No, I do not agree

I understand that data related to this business's eligibility, including this business's gross receipts, may be shared with other City departments to facilitate enrollment and participation in the program.*

Yes, I agree No, I do not agree

Location Taxes & Fees ** Select yes or no for each tax type listed below.*

Short Term Residential Rental *(Short-Term Residential Rental Host generally applies to any person who rents out all or a portion of their residential unit for periods of less than 30 consecutive nights. If you select this category, you do not need to select TOT/TID/MED)* Yes No

Airbnb, misterb&b, onefinestay and Interval International are designated by the Tax Collector to collect and remit Transient Occupancy Tax (TOT) on behalf of hosts using their platforms. Select the category that applies to your business:

All rent is received through one or more of the following: Airbnb misterb&b onefinestay Interval International

Some rent is received through other methods and some received through one or more of the following: Airbnb misterb&b onefinestay Interval International

No rent is received through Airbnb, misterb&b, onefinestay and Interval International.

Transient Occupancy Tax, Tourism Improvement District & Moscone Expansion District Fees Yes No

Transient Occupancy Tax Small Operator Yes No

Parking Tax (may require completion of Certificate of Authority) Yes No

Cigarette Litter Abatement Yes No

Sugary Drinks Tax Yes No

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:** _____
