



Business Account Number: _____

Name (Registered Ownership/Entity Name): _____

Trade Name / DBA: _____

UPDATES - MAILING AND/OR LOCATION ADDRESS

Update Mailing Address

Notices and other materials from the Tax Collector will be sent to this address.

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country (if outside United States): _____

Close Location / Trade Name / DBA

Location Trade Name/DBA: _____

Location Address: _____

LIN (optional): _____

Effective Date of Closure in San Francisco (no future date): _____

(MM/DD/YYYY)

Add Location/Trade Name/DBA

Complete all remaining sections below.

New Location Trade Name/DBA: _____

New Location Start Date (no future date): _____

New Location Address: _____

City: _____ State: _____ Zip Code: _____

THIS FORM CONTINUES ON THE REVERSE SIDE ↩

(If this form is not signed by an authorized representative of the business, it will be rejected)

UPDATES - MAILING AND/OR LOCATION ADDRESS (Continued)

FIRST YEAR FREE PROGRAM

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

2) Will this location be operated from a home or other residential location Yes No*

*If you answered "yes" to Question 1 & "no" to Question 2, this location 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, a new business location must be for commercial use, must register, and must have San Francisco gross receipts of \$5,000,000 or less.

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

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

4) 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

5) 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

6) I previously registered a business or added a location and would like to amend my First Year Free selections.

LIN (if updating an existing location): _____

SELECT ALL APPLICABLE TAXES AND FEES FOR THE PARTICULAR LOCATION

Transient Occupancy Tax, Tourism Improvement District & Moscone Expansion District Fees

Short Term Residential Rental

Airbnb, misterb&b, and Interval International are designated by the Tax Collector to collect and remit Transient Occupancy Tax (TOT) and Tourism Improvement District (TID) assessment 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 Interval International

Some rent is received through other methods and some received through one or more of the following:

Airbnb misterb&b Interval International

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

THIS FORM MUST BE SIGNED AND DATED ON THE FINAL PAGE ↶

(If this form is not signed by an authorized representative of the business, it will be rejected)

Business Account Number: _____

UPDATE - MAILING AND/OR LOCATION ADDRESS (Continued)

CONTINUE TO SELECT ALL APPLICABLE TAXES AND FEES FOR THE PARTICULAR LOCATION

Parking Tax (may require completion of Certificate of Authority)

Parking Tax Small Operator

Total gross revenue from rent is less than \$40,000 annually.

Sugary Drinks Tax

Cigarette Litter Abatement

Declaration

I certify under penalty of perjury that I am the taxpayer (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the taxpayer), or an agent of the taxpayer authorized to sign this form on behalf of the taxpayer pursuant to a validly executed Power of Attorney (see Instructions), and I have examined the foregoing business tax statement including any accompanying schedules or worksheets, 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, 12, 12-A, and 12-A-1 of the San Francisco Business and Tax Regulations Code. I acknowledge that I am providing information in response to a request for financial information pursuant to Section 6.5-1 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.

SIGNATURE: _____ NAME AND TITLE: _____

DATE: _____ COMPANY: _____
(MM/DD/YYYY)

EMAIL: _____ TELEPHONE: _____

Submit completed and signed form to: Office of the Treasurer & Tax Collector, PO Box 7425, San Francisco, CA 94120-7425

FOR OFFICE USE ONLY: Staff Initials: _____ Date Processed: _____