

IN BREA-BUSINESS COUNTS!

CITY OF BREA

BUSINESS LICENSE TAX APPLICATION



Please complete this application then call for FEE due.

Submit completed application along with payment to:

City of Brea, Business License Division,
1 Civic Center Cir., Brea, CA 92821
(714) 990-7686 Fax (714) 671-4484
BusinessLicenseInfo@CityOfBrea.net

1. BUSINESS NAME	START DATE	
2. BUSINESS ADDRESS	BUSINESS PHONE	
3. MAILING NAME AND ADDRESS (if different from business address) Include corp. name if applicable	ANNUAL GROSS RECEIPTS	NO. OF EMPLOYEES (Brea) FT _____ PT _____
	EMERGENCY CONTACT NAME, TITLE, RESIDENCE PHONE NO.	
HOME PAGE ADDRESS: www.	EMAIL ADDRESS:	

4. TYPE OF BUSINESS: State fully the exact nature of business to be conducted at or from the location shown on line 2 above.

5. FEDERAL EMPLOYER ID NO.	STATE EMPLOYER ID NO.	
6. CALIFORNIA STATE CONTRACTOR'S LICENSE NO. & CLASSIFICATION (if applicable)	CALIFORNIA SELLER'S PERMIT NO./ RESALE NO. (if applicable)	CALIFORNIA STATE PROFESSIONAL LICENSE NO. (if applicable)

OWNER/OFFICER INFORMATION

7. Please check the type of ownership and complete information.

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust
Name:	Title:	Home Phone No:		
Home Address:	City & State:	Zip:		
SSN (Only Sole or Partnership):	DL # (Only Sole or Partnership):	Date of Birth (Only Sole or Partnership):		
Name:	Title:	Home Phone No:		
Home Address:	City & State:	Zip:		
SSN (Only Partnership):	DL # (Only Partnership):	Date of Birth (Only Sole or Partnership):		
Name:	Title:	Home Phone No:		
Home Address:	City & State:	Zip:		

PAYMENT OF THIS TAX DOES NOT CONSTITUTE ZONING, BUILDING, OR FIRE CODE APPROVAL. CHECK WITH THE DEVELOPMENT SERVICES DEPARTMENT IN ORDER TO DETERMINE IF YOUR BUSINESS CAN BE LEGALLY ESTABLISHED AT YOUR LOCATION.

8. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____ Title _____ Date _____

FOR OFFICE USE ONLY

ACCOUNT NO.	ORDINANCE	CLASSIFICATION
EFFECTIVE DATES	ISSUE DATES	BUSINESS LICENSE TAX 3125: \$
CERTIFICATE OF OCCUPANCY: <input type="checkbox"/> YES <input type="checkbox"/> NO		CASP CITY FEE 3541: \$0.70
		CASP STATE FEE 2168: \$0.30
		TOTAL FEE DUE: \$

NOTES:

