City of Fountain Valley

10200 Slater Avenue
Fountain Valley, CA 92708
(714) 593-4421 / Fax (714) 593-4498

BUSINESS TAX
CERTIFICATE APPLICATION

BUSINESS NAME (DBA):	F.V. BUSINESS LIC. #	TYPE OF OWNERSHIP (Check One)
		☐ CORPORATION/LLC
BUSINESS ADDRESS	BUSINESS TELEPHONE #	Year of Incorporation _____
		☐ PARTNERSHIP
CITY, STATE, ZIP	FEDERAL TAX ID. # (EIN)	
		☐ SOLE OWNER
BUSINESS OWNER OR CORPORATION NAME:	STATE EMPLOYER'S ID. #	☐ OTHER - Explain
		_____
DESCRIPTION OF BUSINESS	CONTRACTOR # & CLASS	
		TOTAL NUMBER OF EMPLOYEES
MAILING ADDRESS (Street, City, Zip Code)	STATE LICENSE NO.	
		HOURS OF OCCUPANCY
	CA. SELLERS PERMIT #.	

The following confidential information helps your city plan for the future of the business community & assists you in emergencies

1 BUSINESS OWNER OR OFFICER – HOME INFORMATION REQUIRED (Remains Confidential)	TELEPHONE NO.:
NAME/TITLE:	DRIVERS LICENSE NO.:
STREET:	SOCIAL SECURITY NO.:
CITY, STATE, ZIP:	
2 SECOND BUSINESS OWNER OR OFFICER – HOME INFORMATION REQUIRED	TELEPHONE NO.:
NAME/TITLE:	DRIVERS LICENSE NO.:
STREET:	SOCIAL SECURITY NO.:
CITY, STATE, ZIP:	
3 THIRD BUSINESS OWNER OR OFFICER – HOME INFORMATION REQUIRES	TELEPHONE NO.:
NAME/TITLE:	DRIVERS LICENSE NO.:
STREET:	SOCIAL SECURITY NO.:
CITY, STATE, ZIP:	

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT:

AUTHORIZED SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY IN-TOWN BUSINESS

BUSINESS OPENING DATE: _____   No. of work related vehicles: _____

(Base fee includes owner and one vehicle)

GIVE DETAILS IF APPLICABLE

Number of Fuel Pumps: _____   Number of units, rooms, washers, dryers: _____

Number of amusement devices: _____

Number of coin-operated /vending machines: _____

TO BE COMPLETED BY CONTRACTORS

Average number of employees working in the city of Fountain Valley: _____

No of work-related vehicles in the city of Fountain Valley: _____   **(Base fee includes owner and one vehicle)**

E-MAIL ADDRESS

Your e-mail address helps us keep you informed of various city business services.   E-MAIL ADDRESS_____