City of San Bruno
Finance Dept. – Business Tax
567 El Camino Real
San Bruno, CA 94066
Tel: (650) 616-7083 Fax: (650) 876-0256
www.sanbruno.ca.gov

Account Number: _____

Date Submitted: _____

BUSINESS REGISTRATION APPLICATION FOR OUT-OF-TOWN BUSINESSES

Fiscal Year: July 1 through June 30

Business Owner's Information

_____ ( ) _____
Name Home Phone

_____ _____
Home Address City/State Zip Fax or Email Address

_____ _____
Social Security Number Drivers License Number - State

Business Information

_____ _____
Name of Business (DBA) Business Start Date in San Bruno

_____ ( ) _____
Business Address (Street Name and Suite/Unit #) Business Phone

_____
Description of Business (what type of business will be conducted)

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐

_____ _____
Federal Tax I.D. # Sellers Permit (Sales Tax) #

_____
Contractor's License #

Corporate Information *(if applicable)*

_____ ( ) _____
Corporate Name Telephone

_____ ( ) _____
Street Name Suite/Unit # Fax

_____ _____
City State Zip Website

To which address should the following be sent:

Copy of Business License Home ☐ Business ☐ Corporation ☐

Annual Business Tax Renewal Home ☐ Business ☐ Corporation ☐

Emergency Local Contact

_____ ( ) _____
Name Title Telephone

Business Tax Calculation

Fiscal Year Ending June 30th	Application Fee	$	26.00
	Business Tax	$	75.00
	Total	**$**	**101.00**

Certification

I,_____, as an authorized representative of _____ herby certify, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

_____ _____
Signature Date