

APPLICATION FOR OCCUPATION TAX CERTIFICATE

(VOID AFTER 60 DAYS)

Business Name: _____
DBA: _____
Company Type: _____ Corp _____ LLC _____ Part _____ Sole Prop
Number of Employees: _____
Type of Business: _____
Physical Address: _____
Mailing Address: _____
Business Phone #: _____

Owner Information

Business Owner: _____
First Name: _____ **Last Name:** _____
First Name: _____ **Last Name:** _____
Title: _____ **Email:** _____
Mobile Phone: _____ **Home Phone:** _____
Home Address: _____
Contact Name if other than owner: _____
Gov't Issued ID Number of owner: _____

Federal or State License #	Exp Date
E-verify#	(required if over 10 employees)
Will business be a retail alcohol sales establishment?	(if yes, complete form Application for the Sale and Pouring of Beer and Wine by the Drink)
Will business require a pouring license for alcoholic beverages?	(if yes, complete form Application for the Retail Sale of Malt Beverages and Wine)
Will business require a pouring license for the sale and pouring of distilled spirits by the drink?	(if yes, complete form Application for the Sale and Pouring of Distilled Spirits by the Drink)

I affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/or revocation of the license. I understand that my business must be operated in compliance with all state, federal & local laws ordinances & regulations. The granting of this business license or payment of this occupational tax does not waive the right of any federal, state, or local entity to regulate & enforce all laws, ordinances & regulations. I understand it is my company's responsibility to notify the occupational tax department of any changes or closure involved with this business.

Date: _____ **Title:** _____

Signature: _____

ADMINISTRATIVE USE ONLY

OCC TAX LIC # _____ Cal Year _____ NEW _____ RENEWAL _____