

**CITY OF SANTA ANA
BUSINESS TAX SECTION**

20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447



BUSINESS LICENSE TAX APPLICATION
(PLEASE TYPE OR PRINT CLEARLY, USING BLACK INK)
GRATUITOUS (EVENT PARTICIPANT)

AFFIDAVIT – CONFIDENTIAL (NOTE: We are unable to process an incomplete application. Please complete this application and submit with your payment.)
Post Office boxes **will not** be accepted for either Business or Residential addresses.

Business Name (DBA) _____ **Santa Ana Business Start Date** ____ / ____ / ____

Corporation Name (If Applicable) _____ **Phone** () _____

Business Location (PO Boxes Not Accepted) _____ **Fax** () _____

City _____ **State** _____ **Zip** _____ **E-mail** _____

Mailing Address (If Different) _____

City _____ **State** _____ **Zip** _____ **Emergency Phone** () _____

Enter in Full State Seller's Permit # [][][][] - [][][][][] [][][][][] (Example: SR Y EA 123-456789 00001)
(Attach Copy When Applicable) Prefix Acct Nbr Sub Nbr Prefix Acct Nbr Sub Nbr

Ownership of Business: Corporation Sole Proprietor Trust General Partnership Ltd Liability Co. Ltd Liability Partnership

Federal Tax I.D. # _____ - _____

Owner Information: Enter Names of Owners, Partners, Members or Corporate Officers below – Use Additional Sheets as Necessary

Owner/Officer Name _____ **Title** _____ **Social Security No.** _____

Home/or Corporate Address _____ **Phone** () _____

City _____ **State** _____ **Zip** _____ **Drivers License No.** _____

Owner/Officer Name _____ **Title** _____ **Social Security No.** _____

Home/or Corporate Address _____ **Phone** () _____

City _____ **State** _____ **Zip** _____ **Drivers License No.** _____

Check if qualifying criteria met for activities conducted within the City of Santa Ana:
 Gratuitous Licensee (Individuals engaged in part-time business and whose income produces gross receipts (less than) < \$2,880.00 annually).

Note for In-City Businesses:
Businesses operating from a residence within the City may be required to obtain a Home Occupation Permit.

Event Name: _____ **Event Location:** _____

Description of Business Activity: _____
(To prevent a delay in processing your application, a description of business activities and (where applicable) a description of items sold must be entered on the line above.)

TAX PERIOD: 1/01/21 THRU 12/31/2021

Gratuitous Business Tax Pro-Ration Schedule			
2021			Tax Fee
January	thru	December	\$24.00
April	thru	December	\$18.00
July	thru	December	\$12.00
October	thru	December	\$ 6.00

CALCULATE BUSINESS LICENSE TAX DUE (See above Tax Schedule for rates)

Enter Gratuitous Tax Fee = \$ _____

Registration Fee = N/A

State of California Disability Access and Education Fund Fee + \$ 4.00

Total Amount Due = \$ _____

MAKE CHECKS PAYABLE TO: CITY OF SANTA ANA

To avoid a 50% assessment of a penalty, this office must receive application within 30 days from the start of business date.

I declare under penalty of perjury that this application (including accompanying documents) are, to the best of my knowledge, a true and correct statement of facts.

Signature _____ **Title** _____

Print Name _____ **Date** ____ / ____ / ____

If you pay by check and it is returned, you expressly authorize the electronic debit of your account for the check amount plus a processing fee and any applicable sales tax.

*** OFFICIAL USE ONLY**

BTN _____

POLICE CLEARANCE YES NO

COMM PRES YES NO

NOTES: _____

_____ Initial: _____