



# City of Simi Valley

## Business Tax Application

• Business Tax Center •  
8839 N Cedar Ave #212, Fresno, California 93720  
PH (805) 850-1521 • FAX (909) 348-0465

Apply Online Today At: <https://simivalley.hdlgov.com>

OFFICIAL USE ONLY	
Business Tax No.	_____
Expiration Date	_____
NAIC Code	_____
Tax Fee \$	_____
Check #	_____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash

**PLEASE TYPE OR PRINT WITH PEN**

<b>Business Name</b> _____	<b>Date Business Started in Simi Valley</b> _____
<b>Corporate Name</b> (if applicable) _____	<input type="checkbox"/> New Application <input type="checkbox"/> Change
<b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	<b>Email Address</b> _____
<b>Mailing Address</b> _____	<b>State Sales Tax No.</b> _____
<b>Phone No.</b> _____ <b>Alt. No.</b> _____	<b>Federal ID No.</b> _____
<b>Description of Business</b> _____	<b>State ID No.</b> _____
<b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	<b>State License No.</b> _____
	<b>State License Type</b> _____
	<b>Expire Date</b> _____

\*Non-Profit will need to submit a copy of their 501(c)(3)

**PERSONAL INFORMATION** - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

<b>1st Owner Name</b> _____ <b>Title</b> _____	<b>Social Security No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Driver's License No.</b> _____
	<b>Other ID No.</b> _____
	<b>Phone No.</b> _____
<b>2nd Owner Name</b> _____ <b>Title</b> _____	<b>Social Security No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Driver's License No.</b> _____
	<b>Other ID No.</b> _____
	<b>Phone No.</b> _____

- Have you filed a Fictitious Business Name Statement?  Yes  No If yes, please attach copy of approved filed FNS.
- Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

**EMERGENCY NOTIFICATION** - In case of emergency and I cannot be reached, please call:

<b>Name</b> _____	<b>Title</b> _____
<b>Address</b> _____	<b>Phone No.</b> _____
	<b>Cell Phone No.</b> _____

**PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN**

**CERTIFICATION AND ACKNOWLEDGEMENT**

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Simi Valley Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business Tax Certificate, it shall be my responsibility to renew the certificate before the end of the calendar year.

**SIGN HERE**

→ \_\_\_\_\_  
Signature of Owner or Representative

Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for doing business  
in the City of Simi Valley*

**Business Tax Application Fees**

<b>SQ. Footage of Business</b>	_____ <b>SF</b>	<b>No. of Owners/Employees</b>	_____ <b>#</b>
<b>No. of Residential Rental Units</b>	_____ <b>#</b>		

**NOTICE:** Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**RETURN APPLICATION BY MAIL TO:**  
City of Simi Valley - Business Tax Center  
8839 N. Cedar Ave #212  
Fresno, CA 93720-1832

**SCAN & RETURN APPLICATION BY EMAIL TO:**  
[simivalley@HdLgov.com](mailto:simivalley@HdLgov.com)

**SECTION 1: SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it here.  
NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address** \_\_\_\_\_  
\_\_\_\_\_

**Residential Address to protect**       Business Location       Mailing Address       Owner/Partner/Officer Address

**SECTION 2: NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE**

\*If you are a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 NPDES permit program, please complete the following:

**SIC #** \_\_\_\_\_      **Permit #** \_\_\_\_\_

\*Otherwise, please provide the following identification numbers:

**Notice of Non-Applicability #** \_\_\_\_\_      **OR No Exposure Certification #** \_\_\_\_\_

If you do not have an SIC number or a Permit number, or if you are unaware of the requirement, please contact the State Water Resources Control Board at [www.waterboards.ca.gov/water\\_issues/programs/stormwater/contact.html](http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.html). The State Water Resources Control Board will issue your "Water Discharge Identification Number", "Notice of Non-Applicability" identification number, or "No Exposure Certification" identification number.