



City of Simi Valley Business Tax Application

• Business Tax Center •

8839 N Cedar Ave #212, Fresno, California 93720
PH (805) 850-1521 • FAX (909) 348-046

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

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

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ **Date Business Started in Simi Valley** _____

Corporate Name _____ New Application Change
(if applicable)

Business Location _____ **Email Address** _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____ **State Sales Tax No.** _____

Phone No. _____ **Alt. No.** _____ **Federal ID No.** _____

Description of Business _____ **State ID No.** _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit *Non-Profit will need to submit a copy of their 501(c)(3)

State License No. _____ **State License Type** _____

Expire Date _____

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

1st Owner Name _____ **Title** _____ **Social Security No.** _____

Home Address _____ **Driver's License No.** _____
(Cannot be P.O. Box)

2nd Owner Name _____ **Title** _____ **Social Security No.** _____

Home Address _____ **Driver's License No.** _____
(Cannot be P.O. Box)

Home Phone No. _____ **Cell Phone No.** _____

● Have you filed a Fictitious Business Name Statement? Yes No If yes, please attach copy of approved filed FNS.

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

Name _____ **Title** _____

Address _____ **Phone No.** _____

Cell Phone No. _____

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 Chapter 3-1 Business Tax Certification. 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 Certificate Application Fees

SQ. Footage of Business #

No. of Residential Rental Units #

No. of Owners/Employees #

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/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at 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:
Support@HdLgov.com