



CITY OF RIVERSIDE BUSINESS TAX APPLICATION

Apply Online at Riverside.HDLGOV.com
¡Se Habla Español! Para más información llamar al (951) 826-5465.

3900 Main Street
Riverside, CA 92522
Phone (951) 826-5465
Fax (951) 826-2356
BT-Application@RiversideCA.gov

GENERAL INFORMATION

Business Name (DBA)		Description of Business (Be specific)	
Business Address		Home Occupation Yes ☐ No ☐	
City	State	Zip	Area Code/Telephone
Mailing Address			
City	State	Zip	Area Code/Telephone
Sole Proprietor ☐		Partnership ☐	Corporation ☐
Riverside Start Date		Federal Tax ID No.	Sales Tax (Seller's Permit) No.
Business E-Mail			
Does your business have a California State License? Yes ☐ No ☐		State License Number	Classification(s)
			Expiration Date
Owner's Name (If corporation, use corporate name. If partnership-principal)			
Residence Address (If different)		Area Code/Telephone	
Driver's License No.	State	Expiration Date	Social Security No.
			Other ID No.
List of Principal Officer's or Partner's Names and Addresses		Title	Area Code/Telephone

BUSINESS OPERATIONS INFORMATION

What is your first year estimated gross receipts? \$ _____ (Subject to Adjustment)	At any time will your business ever offer massage? Yes ☐ No ☐
Does your business sell to the general public? Yes ☐ No ☐	At any time will your business be an Adult Entertainment Business? Yes ☐ No ☐
Is your business wholesale only? Yes ☐ No ☐	Do you operate an ambulance or non-emergency transport business? Yes ☐ No ☐
Is your business manufacturing only? Yes ☐ No ☐	How many employees does your business have working in Riverside? Non-professional? _____ Professional? _____
Is your business automobile sales only? Yes ☐ No ☐	Does your business involve any activities prohibited by local, state or federal law? Yes ☐ No ☐
Do you operate a food cart/pushcart? Yes ☐ No ☐	If yes, please describe: _____
If yes, where do you operate? _____	HAZARDOUS MATERIAL/MEDICAL WASTE
Does your business provide delivery by vehicle service? Yes ☐ No ☐	Will you use, store, or transport chemicals (new or waste state)? Yes ☐ No ☐
How many trucks operate in the City? _____	Will you manage or produce biohazardous materials or waste? Yes ☐ No ☐
At any time will your business ever sell alcoholic beverages? Yes ☐ No ☐	BUILDING AND FACILITY INFORMATION
If yes, ABC License Number _____	Do you rent/lease your business property? Yes ☐ No ☐
At any time will your business ever have amusement machines, video games, vending machines and/or pool tables? Yes ☐ No ☐	If rent/lease, provide the property owner and/or property management company's contact information.
How many: _____ Type: _____	[OPTIONAL] Is this a woman-owned business? Yes ☐ No ☐
At any time will your business ever make medical marijuana available for medical purposes? Yes ☐ No ☐	[OPTIONAL] Is this a veteran-owned business? Yes ☐ No ☐
At any time will your business ever provide a professional service? (Practice of law, medicine, dentistry, accounting, engineering, etc.) Yes ☐ No ☐	[OPTIONAL] Is this a family-owned business? Yes ☐ No ☐
	[OPTIONAL] Is this a legacy business? Yes ☐ No ☐
	[OPTIONAL] Is this a minority-owned business? _____

ACKNOWLEDGMENT

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 DGS.ca.gov/DSA

The Department of Rehabilitation at DOR.ca.gov

The California Commission on Disability Access at CCDA.ca.gov

Payment of this tax does not constitute zoning or building code approval. Check with the Planning Department in order to determine if your business can be legally established at your location. I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.

SIGNATURE (Typing your name here constitutes your digital signature)

DATE

PRINT NAME/TITLE

CITY OF RIVERSIDE USE ONLY - DO NOT WRITE BELOW THIS LINE

Account Number	Location	Type	Rate	Expiration Date	Received By	Source	Date Received
Details/Remarks							
☐ Zoning Clearance	Initials _____ Date _____	☐ Building	Initials _____ Date _____	☐ Fire	Initials _____ Date _____		

Renew Your Annual Business License Online at Riverside.HDLGOV.com

THE INFORMATION BELOW MUST BE COMPLETED FOR YOUR BUSINESS LICENSE TO BE PROCESSED

The City of Riverside business tax application has been updated in accordance with California Senate Bill No. 205. The primary Standard Industrial Classification (SIC) code, identifying the primary activity of your business, must now be provided with your renewal, and your subjectivity to the State's Industrial General Permit (IGP) must be evaluated as part of this process. Please complete section 2 in Page 2 to fulfill this new requirement.

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. 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.

Per AB2184: 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 bottom of this form.

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:

☐

Business Location

☐

Mailing Address

☐

Owner/Partner/Officer Address