

**CITY OF LINDSAY
BUSINESS TAX APPLICATION**

251 E. Honolulu
P.O. Box 369
Lindsay, CA 93247
(559) 562-5982



FOR CITY USE ONLY

NOTE: Any change in ownership or address requires a new application.

NEW CHANGE OF LOCATION CHANGE OF OWNER CHANGE OF NAME

ACCOUNT # _____
CLASS _____
CAT. CODE _____
BUS. GROUP _____

ALL INFORMATION MUST BE PROVIDED WHERE APPLICABLE ON THIS APPLICATION.

Business Name _____

Location of Business _____ Type of Business _____

Mailing Address _____ City _____ State _____ Zip _____

Phone () _____ Emergency: _____ Estimated Monthly Gross Receipts _____

Type of Organization: ___ single owner ___ partnership ___ corp. - Name of Corporation _____

Name(s) Address and Social Security # of Owner(s) (attach additional sheet if necessary) _____

State I.D.# _____ Fed. I.D.# _____ Board of Equalization Acct.# _____

State Lic.# _____ Business Start Date or Date of Relocation _____

CAUTION!

Payment of Business Tax does not authorize payer to engage in a business or profession contrary to city ordinances (including zoning ordinances) or state and federal regulations.

Sales and Use Tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Authorized Signature _____

Date _____

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		REMARKS		
INSPECTION DIV.	DATE			
FIRE	DATE		Tax Computation	
PLANNING	DATE		Regular	
POLICE DEPT.	DATE		Downtown Surcharge	
OTHER	DATE			
DATE MAILED _____			TOTAL AMOUNT DUE	
PLANNING DEPT.		FIRE DEPT.	POLICE DEPT.	

Zoning Classification _____

Fire Zone District _____

APN _____

Area and Neighborhood _____

Class of Bldg. _____