



# CITY OF GARDEN GROVE

FINANCE DEPARTMENT – BUSINESS TAX  
11222 ACACIA PKWY GARDEN GROVE, CA 92840  
PO BOX 3070 GARDEN GROVE, CA 92842  
Phone (714) 741-5074 – [www.ggcity.org](http://www.ggcity.org)

DATE STAMP \_\_\_\_\_

## BUSINESS TAX CERTIFICATE APPLICATION

PPN# \_\_\_\_\_

OFFICE USE ONLY:  HB  COMM  OOC CTR  RENTAL  IND CTR  FOOD TRUCK  SVC PRVDR

SOS EN # \_\_\_\_\_ SIC: \_\_\_\_\_ BT# \_\_\_\_\_

### 1) BUSINESS INFORMATION:

Name of Business (DBA): \_\_\_\_\_

Name of Corporation or LLC: \_\_\_\_\_

Name of Owner(s), Partners, or Corporate Officer(s): \_\_\_\_\_

Business Start Date in Garden Grove: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

Service of Process Address: \_\_\_\_\_  
(Address where business has consented to receive official U.S. Mail)

Business Mailing Address: \_\_\_\_\_  
(If different from the Service of Process Address)

Ownership Type  Sole Owner  LLC  Corporation  Partnership Number of Employees \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ ITIN or Other ID # \_\_\_\_\_

Detailed Description of Business Activity: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_  
(Will be public information) (Will be public information)

Seller's Permit Number: \_\_\_\_\_ Business Website \_\_\_\_\_

State Contractors License # \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Job Address: \_\_\_\_\_  General Contractor  Sub-Contractor  Sub List Provided

Other State License: \_\_\_\_\_ ABC License # \_\_\_\_\_  
Number Type Exp. Date

### 2) CONFIRMATION INFORMATION:

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](http://www.dgs.ca.gov/dsa/Home.aspx). The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov). The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**3) SUPPLEMENTARY INFORMATION REQUIRED (INFORMATION IS NON-PUBLIC):**

**PRIMARY OWNER OR PRINCIPAL:**

Owner or Principal \_\_\_\_\_ Title \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
                            Number    Street            Unit#                    City                                    State                    Zip  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECONDARY OWNER OR PRINCIPAL:**

Owner or Principal \_\_\_\_\_ Title \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
                            Number    Street            Unit#                    City                                    State                    Zip  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**MOBILE VENDORS / FOOD TRUCKS ONLY**

Products Sold \_\_\_\_\_ Registered Owner of Vehicle \_\_\_\_\_  
Is Vehicle Subleased?  YES  NO      VIN # \_\_\_\_\_  
Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY BUSINESS LICENSE APPLICATION:**

- Legible copy of valid driver's license for each driver
- Current DMV auto registration
- Proof of current auto insurance referencing VIN #
- Color photos of vehicle showing full side profile with logo and full rear of vehicle with license plate

**4) CALCULATING BUSINESS LICENSE COST FOR INITIAL APPLICATION:**

VALIDATION

**TAXES ARE DUE PRIOR COMMENCEMENT OF BUSINESS.  
BUSINESS LICENSES ARE ANNUAL, ANNIVERSARY DATED.  
RENEWALS ARE BASED ON GROSS RECEIPTS IN ARREARS PER  
THE APPLICABLE TAX SCHEDULE FOR YOUR TYPE OF BUSINESS.**

**BASE TAX DUE \$ 42.50**

**PENALTY (10% of base tax) \$ \_\_\_\_\_**

**PROCESSING FEE \$ 25.00**

**STATE ADA FEE \$ 4.00**

**TOTAL DUE \$ 71.50**

**ZONING CLEARANCE AREA USE ONLY**

YES  NO    INITIALS \_\_\_\_\_ DATE \_\_\_\_\_  
ZONE: \_\_\_\_\_ SQ FT \_\_\_\_\_  
CONDITIONS: \_\_\_\_\_

**BUSINESS TAX OFFICE USE ONLY**

BT# \_\_\_\_\_  
NN# \_\_\_\_\_ INITIALS \_\_\_\_\_  
AUDIT \_\_\_\_\_