



# VISALIA BUSINESS TAX APPLICATION

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Businesstax@visalia.city

NEW \_\_\_\_\_ CHANGE IN OWNER \_\_\_\_\_

## PLEASE PRINT CLEARLY

### FOR DAY CARES

**BUSINESS** Business Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Profession: DAY CARE \_\_\_\_\_ LICENSED FOR (circle one) 1-8 children or 8-12 children**  
VISALIA Start (Open) Date: \_\_\_\_\_  
Estimated Gross Income: \$ \_\_\_\_\_ **Per month**  
Federal ID #: \_\_\_\_\_ Sellers Permit #: \_\_\_\_\_  
State Employer #: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**BILLING** Billing Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State/Zip: \_\_\_\_\_

**OWNER** Type (check one): Single Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Trust \_\_\_\_\_ LLC \_\_\_\_\_  
Owner Name: \_\_\_\_\_ ADD'L: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Addr: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License No: \_\_\_\_\_ Drivers License No: \_\_\_\_\_

(IF YOU RENT OR LEASE YOUR BUSINESS LOCATION)

**LANDOWNER** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

A Business Tax Certificate does *not* authorize any person to conduct any unlawful business or to conduct any lawful business in an illegal manner or to conduct the business without strictly complying with all of the provisions of the ordinances of the City of Visalia, including but not limited to those requiring a permit from any board, commission, department, or office of the City. A Business Tax Certificate does *not* constitute a permit to conduct business.

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

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

### FOR OFFICE USE ONLY

Planning Authorization: \_\_\_\_\_ Billing Period: Jan-June July-Dec \_\_\_\_\_  
Planning Auth Date: \_\_\_\_\_ Add'l Billing Period: \_\_\_\_\_  
APN: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Account: \_\_\_\_\_ Application Fee: \_\_\_\_\_  
Code: \_\_\_\_\_ Downtown Surcharge: \_\_\_\_\_  
SIC Number: \_\_\_\_\_ Home Occupation Fee: \_\_\_\_\_  
Shopping Area: \_\_\_\_\_ Cash/Check/Credit Card Total \$ \_\_\_\_\_

### NEW OR RENEWAL OF BUSINESS TAX APPLICATION

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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:

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