



ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION – BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201 • (209) 937-8313
www.stocktonca.gov

APPLICATION FOR COMMERCIAL PROPERTY RENTALS

The Stockton Municipal Code section 5.08.030 requires a commercial property rental business license for each property (APN) zoned commercial or industrial within Stockton city limits. This license is required in addition to any other license associated with the business activities conducted at these properties.

An owner occupied commercial property business license is required, and will be issued to you at no charge if **all** of the following conditions exist:

- The property owner of record and the owner of the business occupying the property are the same.
- No lease/rent payments or any other compensation is exchanged.
- The owner of record and the owner of the business occupying the property file taxes using the same social security or federal identification number

Commercial rental and owner occupied commercial rental licenses must be renewed annually.

Forms needed:

- Business License tax application
- Commercial-Industrial Property Listing if applying for more than one property

Fees:

- Annual registration fee is \$24.00, will apply to first commercial property owned only
- Annual mill tax – 90 cents per every \$1,000 of gross rent
- State disability act fee - \$1.00

THE FOLLOWING INFORMATION IS REQUIRED

1. Property owner's name (as stated on Property Deed)
2. Mailing address
3. Owner's information
4. Tax ID # or Social Security number
5. APN number of properties owned
6. Address of rental property
7. Date property was purchased
8. An estimate of your **Monthly** Gross Rent. Per SMC 5.04.170 section (B), first renewal of a license shall include a recalculation of your first year license that listed estimated gross receipts. This recalculation will utilize your actual gross receipts reported on your 1st renewal to determine the difference between the tax paid on your estimate and the actual tax due for your 1st year and 2nd year of business. This process is called Annualization.
9. Signature of Owner, partner, or officer of the business

Please read the enter packet before completing the Business License application

FOR OFFICE USE ONLY:

TAX ACCT. # _____

CONTROL # _____

SMC 5.08.030.37

CLASS Commercial Property Rental

SINC 6512 BOE 99



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**COMMERCIAL PROPERTY RENTAL
BUSINESS LICENSE TAX APPLICATION**

NEW _____

CHANGE _____ (Change from _____ Date of Change _____ Bus Lic # _____)

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

****ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

(Please complete entire form, use N/A if the information does not pertain to your business)

BUSINESS INFORMATION:

1. Recorded Property Owner _____ Phone (____) _____

Contact Name _____ Phone (____) _____

2. Rental Property Address _____ Ste/Apt # _____ City _____ State _____ Zip _____

3. Parcel # (A Business License is Required for EACH Parcel) _____

4. Mailing Address _____ Ste/Apt # _____ City _____ State _____ Zip _____

5. Email Address _____

6. Describe exactly what you are being licensed to do. Commercial Property Rental,

7. Date Property Purchased _____

8. Estimated Monthly Gross Rents in Stockton \$ _____

9. Federal Tax ID# _____

10. Check One: Single Owner Partnership Corporation LLC LP

11. **Owner(s) Information:** (If business is a Corporate, LP or LLC owners' information is not needed skip to section 12)

a. Name _____ Address (NO PO Box) _____

City _____ State _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____

b. Name _____ Address (NO PO Box) _____

City _____ State _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's Lic./I.D.# _____ State _____

12. **Corporation, LLC, or LP:**

Name (Must be Registered in California) _____ Corp/LLC/LP # _____

Names of Officers/Members

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

COMPLETE PAGE 2 OF THE APPLICATION

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CONTROL # _____

TENANT INFORMATION:

13. Is the Commercial Property Owner-Occupied? Yes _____ No _____

14. Provide Tenant Information Below. (Attach a separate piece of paper if additional space is needed.)

BUSINESS NAME	OWNER NAME	SUITE	BUSINESS LICENSE #

PLEASE NOTE:

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton you must notify us in writing.

I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Owner/Authorized Signature_____
Title_____
Date_____
Owner/Authorized Signature_____
Title_____
Date**Disability Access and Education Fee (SB 1186)**

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.

**State Mandated Disability Access and Education Revolving Fund.

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.
- o The Department of Rehabilitation at www.rehab.cahwnet.gov.
- o The California Commission on Disability Access at www.cdda.ca.gov.

FOR OFFICE USE ONLY

Processed By:		Date:	Business License Taxes/Fees	Amount
Dept/Div Checked Must Approve or Deny		Authorized Signature and Date	Registration Tax	\$24.00
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		**State Mandated Disability Access and Education Revolving Fund	\$1.00
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Total Due	
			Expiration Date	

REMEMBER: TO PRINT A COPY FOR YOUR RECORD

COMMERCIAL AND INDUSTRIAL PROPERTY LISTING

Address of Property Owned	Assessor's Parcel Number	Commercial Rental License No.	Owner Occupied (Circle One)	Name of Occupant/Tenant (If more than one per parcel, use additional sheet.)	Occupant/Tenant Business License No.
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____
_____	_____	_____	Y <u>N</u>	_____	_____

I hereby certify under penalty of perjury, that the information above is true and correct to the best of my knowledge.

Signature of Owner _____ Print Name _____ Date _____
 Mailing Address _____ City, State, Zip _____
 (_____) Phone _____