TAX ACCT. #_____

CONTROL #_____

CITY OF STOCKTON

ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION-BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201
Phone (209) 937-8313 Fax (209) 937-7184
www.stocktongov.com

Business License Tax Affidavit
Prior Year(s) Gross Receipts

COMPLETE AND RETURN WITH YOUR BUSINESS LICENSE APPLICATION

Business

Business Name:_____

Business Address:_____

Start Date of Business in Stockton: _____

Commercial or Residential Property

Property Owner Name: _____

Rental Property Address: _____

Parcel No. (APN):_____Date Property Purchased: _____

List the gross receipts or rents in Stockton for the years indicated. Exclude taxes collected and sales of alcoholic beverages.

2007 $_____ 2011 $_____

2008 $_____ 2012 $_____

2009 $_____ 2013 $_____

2010 $_____ 2014 $_____

I certify under penalty of perjury that the information above is true and correct.

_____ _____ _____
Signature of Owner Print Name Date

_____ _____ ____ _____ (____)_____
Mailing Address City State Zip Phone