



**CITY OF SAN BERNARDINO**  
**BUSINESS REGISTRATION CERTIFICATE APPLICATION**  
**PROPERTY RENTAL/LEASING**

CITY HALL 290 N D ST, SAN BERNARDINO, CA 92401  
 OFFICE 201 N E ST. 1<sup>ST</sup> Flr. SAN BERNARDINO, CA 92401  
 MAILING P.O. BOX 1318, SAN BERNARDINO, CA 92402  
 PHONE: (909) 384-5302 ACCOUNT NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

**THE FOLLOWING IS PUBLIC INFORMATION:**

New  Renewal  Other \_\_\_\_\_

Date property was offered for rent/lease: \_\_\_\_\_  
 (For New Owner's Only)

Name of Business/Property Owner: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 (Attach separate sheet for corporate officers/partners/trustees)

Address of Rental Property: \_\_\_\_\_  
 Address (CANNOT BE P.O. BOX) City State Zip Code

Owner's Mailing Address: \_\_\_\_\_  
 Address City State Zip Code

Business Type:  Sole Ownership  Partnership  Corporation  LLC  Trust Assessor Parcel #: \_\_\_\_\_

Name of On-Site Manager: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Management Company Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Management Company Address: \_\_\_\_\_  
 City Address State Zip Code

**THE FOLLOWING IS CONFIDENTIAL INFORMATION:**

STATE LAW REQUIRES THE CITY TO OBTAIN INFORMATION FROM THE BUSINESSES IT REGISTERS AND TRANSMIT IT TO THE STATE FRANCHISE TAX BOARD. YOUR COMPLETION OF THE INFORMATION REQUESTED ON THIS APPLICATION IS APPRECIATED, AND WILL ELIMINATE THE NEED FOR A FRANCHISE TAX BOARD INVESTIGATOR TO CONTACT YOU TO OBTAIN THIS INFORMATION. THE FOLLOWING MAY BE RELEASED ONLY TO A TAXING AUTHORITY OR ANYONE WITH A COURT ORDER DEMANDING SAME (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.021).

**OWNER/CORPORATE OFFICE CONTACT INFORMATION**

Residence Address City State Zip Code

Home Phone # Driver's License # Date of Birth

Social Security/ITIN# Partnership/Corporation Tax I.D. # State

\_\_\_\_\_  
 State  Federal

Employer Identification #

E-mail Renewals Only E-mail address

COMPUTATION OF FEES:	FEE AMOUNT
GROSS RECEIPTS:	\$ _____
\$ _____ (PREVIOUS 12 MONTHS)	
PRIOR YEAR ADJUSTMENT:	\$ _____
PENALTY: _____%	\$ _____
EXT.ENF. FEE: _____%	\$ _____
OTHER _____	\$ _____
STATE MANDATED DISABILITY ACCESS AND EDUCATION FUND:	\$ <b>4.00</b>
<b>TOTAL AMOUNT DUE:</b>	\$ _____

**Declaration of Ownership:** The undersigned states that S.B.M.C. 5.04.525F does not apply for the reason(s) checked below:

- No longer owner of property as of: \_\_\_\_\_  Owner & Sole Occupant  Boarded or unoccupied and not offered for rent
- Date \_\_\_\_\_  Under renovation
- Other Explain \_\_\_\_\_

**I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS. I UNDERSTAND THAT BUILDING CODE OR PROPERTY MAINTENANCE VIOLATIONS MAY RESULT IN THE REVOCATION OF THIS BUSINESS REGISTRATION CERTIFICATE. I FURTHER UNDERSTAND THAT IT IS UNLAWFUL TO DEMAND OR RECEIVE PAYMENT OF RENT FOR ANY PROPERTY WHICH HAS NOT BEEN ISSUED A BUSINESS REGISTRATION CERTIFICATE.**

SIGNATURE (X) \_\_\_\_\_  
 Owner  Authorized Representative  
 (PLEASE NOTE: APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT A SIGNATURE.)

**MAKE CHECK OR MONEY ORDER**  
**PAYABLE TO THE CITY OF SAN BERNARDINO**  
**CREDIT/DEBIT CARD ACCEPTED**  
 (ADDITIONAL FEES APPLY)

**For Office Use Only:**

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_