

**CITY OF PLACERVILLE**  
**BUSINESS TAX CERTIFICATE UPDATE FORM**

***BUSINESS INFORMATION***

1. Business Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_
2. License Number \_\_\_\_\_
3. Business Location (Street Address) \_\_\_\_\_
4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Type of Business \_\_\_\_\_
6. Legal Formation: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Non-Profit \_\_\_\_\_
7. Mailing Address (If different than physical address) \_\_\_\_\_

***OWNER NAME & INFORMATION (For additional owners, please attach separate sheet)***

8. Owner Name \_\_\_\_\_ Owner Phone (\_\_\_\_) \_\_\_\_\_
9. Address \_\_\_\_\_
10. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
11. Email Address \_\_\_\_\_
12. Title \_\_\_\_\_

***EMERGENCY CONTACT***

13. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

***ADDITIONAL INFORMATION***

14. State Board of Equalization No. \_\_\_\_\_
15. State Contractor's License Number \_\_\_\_\_
16. Do you have employees? Yes \_\_\_\_\_ (Please complete Lines 17 through 18) No \_\_\_\_\_
17. Number of Employees \_\_\_\_\_
18. State I.D. No. (SEIN) \_\_\_\_\_ Federal I.D. No. (FEIN) \_\_\_\_\_
19. Standard Industrial Classification Code (SIC) \_\_\_\_\_

By signing below, I am certifying that the above information is true and accurate to the best of my knowledge.

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