

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 _____