



New Business Registration Form

Instructions: New businesses must register with the Office of the Assessor-Recorder, Business Personal Property Division. Complete this form and submit it via mail, fax, or e-mail using the contact information provided at the bottom of this Form.

Owner's Legal Name: _____
(Corporations must report their full corporate name.)

Type of Ownership: Sole Proprietorship Partnership Corporation Other: _____

Business Name (DBA): _____

Type of Business: Retail Wholesale Manufacturer Service/Professional

Business Account Number (BAN): _____
(From your business certificate provided by the Office of the Treasurer & Tax Collector.)

Business Location: _____ Effective Date of Current Location: _____

Mailing Address: _____

Did you move from another location within the City and County of San Francisco? Yes No

If yes, indicate previous address: _____ Effective Date: _____

Number of additional active business locations within the City and County of San Francisco: _____

Please list your additional active business locations:

1. Business Location: _____ Effective Date: _____

2. Business Location: _____ Effective Date: _____

3. Business Location: _____ Effective Date: _____

Remarks: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email Address: _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING AND ALL INFORMATION HEREON, INCLUDING ANY ACCOMPANYING STATEMENTS OR DOCUMENTS IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date Signed