

**CITY OF PLACERVILLE  
BUSINESS TAX UPDATE**

<b>BUSINESS INFORMATION:</b>							
<b>1. Business Name:</b>			<b>Business Ph #:</b>				
<b>2. License Number:</b>							
<b>3. Business Location (Street Address):</b>							
<b>4. City:</b>		<b>State:</b>		<b>Zip:</b>			
<b>5. Type of Business:</b>							
<b>6. Legal Formation:</b>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Non-Profit	
<b>7. Mailing Address (If different from physical address):</b>							
<b>OWNER NAME &amp; INFORMATION (For additional owners, please attach separate sheet):</b>							
<b>8. Owner Name:</b>			<b>Owner Phone #:</b>				
<b>9. Owner Address:</b>							
<b>10. City:</b>		<b>State:</b>		<b>Zip:</b>			
<b>11. Social Security #:</b>			<b>Title:</b>				
<b>EMERGENCY CONTACT:</b>							
<b>12. Name:</b>			<b>Phone #:</b>				

<b>ADDITIONAL INFORMATION:</b>								
<b>13. State Board Of Equalization No.:</b>								
<b>14. State Contractor's license #:</b>								
<b>15. Do you have employees?</b>		<input type="checkbox"/> Yes	<b>Please complete Lines 16 - 17</b>			<input type="checkbox"/> No		
<b>16. Number of Employees:</b>								
<b>17. State I.D. No. (SEIN):</b>			<b>Federal I.D. No.(FEIN)</b>					

<b>Signature:</b>		<b>Title:</b>		<b>Date:</b>	
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