

**CITY OF GARDEN GROVE  
BUSINESS TAX APPLICATION**

BUSINESS TAXES AS COMPUTED BELOW ARE DUE IMMEDIATELY ON EXPIRATION DATE. PLEASE COMPLETE THIS FORM AND SUBMIT WITH PAYMENT TO THE BUSINESS TAX OFFICE. PLEASE SEE REVERSE SIDE FOR CONDITIONS OF APPROVAL\*, OR CLOSING YOUR BUSINESS\*.

(If mailing address is not the same as business location, please write mailing address below)

**MAILING ADDRESS**

**FOR ASSISTANCE  
CALL (714) 741-5074**

**VALIDATION**

OFFICE USE ONLY		
I.D.	[29]	
SIC	[30]	
N.N.	[31] EXPIRATION DATE	
1st PENALTY DATE		
ZONING CLEARANCE	YES	NO
BUILDING CLEARANCE	YES	NO

1 BUSINESS NAME (PLEASE PRINT)		2 OWNERSHIP CLASS	3 GARDEN GROVE START DATE
4 BUSINESS ADDRESS	5 SUITE/UNIT #	CITY	STATE [6] ZIP
11 BUSINESS DESCRIPTION	12 STATE RESALE NO.	13 BUS. PHONE NO.	
14 OWNER'S NAME LAST FIRST	(LIST ADDITIONAL OWNERS ON ATTACHED SHEETS)		23 HOME PHONE NO.
20 OWNER'S HOME ADDRESS	21 SUITE/UNIT #	CITY	STATE [22] ZIP
15 CA DRIVER'S LICENSE NO.	16 SOCIAL SECURITY #	10 FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	

(\*ASTERISKED WORDS ARE DEFINED ON THE REVERSE SIDE OF THIS FORM.)

**TAX COMPUTATION SECTION**

**STEP 1: ENTER GROSS RECEIPTS \$ \_\_\_\_\_**

**STEP 2:** Use Chart Below for Computation of TAX DUE on Gross Receipts:  
SPECIAL EVENT BOOTH

SPECIAL EVENT BOOTH

BOOTH NUMBER \_\_\_\_\_

ENTER NO. OF DAYS \_\_\_\_\_ X \$8.50 = \$ \_\_\_\_\_

\*\*\*\*DISREGARD STEP 1\*\*\*\*\*

**IF YOU ARE CLOSING YOUR BUSINESS IN GARDEN GROVE OR NO LONGER CONDUCTING BUSINESS IN THE CITY PLEASE CALL US AT (714) 741-5074 TO REQUEST A CLOSING BILL.**

**ANY PAYMENT MADE/POSTMARKED AFTER "1ST PENALTY DATE" MUST INCLUDE AN ADDL 10% PER MONTH OR ANY PORTION THEREOF.**

IF YOU ARE CHANGING YOUR GARDEN GROVE LOCATION, CONTACT CITY HALL AT (714) 741-5074.

PLEASE COMPLETE APPLICATION IN FULL AND RETURN FORM SIGNED ALONG WITH YOUR PAYMENT IN FULL IN THE ENVELOPE PROVIDED.  
**PLEASE MAKE CHECKS PAYABLE TO "CITY OF GARDEN GROVE."**

17 Number of Employees at Garden Grove location	_____
18 Number of SQ. FT. at Garden Grove location	_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

PLEASE SUBMIT SIGNED APPLICATION AND PAYMENT TO:

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CITY OF GARDEN GROVE  
P.O. BOX 3070, GARDEN GROVE, CA 92942  
11222 ACACIA PKWY., GARDEN GROVE, CA 92940