

**APPLICATION FOR CERTIFICATE OF REGISTRATION
USE TAX ACCOUNT**

Use additional sheets to include information for more than two individuals.

<p>1. TYPE OF OWNERSHIP (check one) * Must provide partnership agreement</p> <p><input type="checkbox"/> Sole Owner <input type="checkbox"/> Husband/Wife Co-ownership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <i>(Must provide Articles of Incorporation or Operating Agreement)</i></p> <p><input type="checkbox"/> General Partnership <input type="checkbox"/> Unincorporated Business Trust <i>(Must provide Trust Agreement)</i></p> <p><input type="checkbox"/> Limited Partnership (LP) * <input type="checkbox"/> Limited Liability Partnership (LLP) * <i>(Registered to practice law, accounting, or architecture)</i></p> <p><input type="checkbox"/> Domestic Partnership</p> <p><input type="checkbox"/> Other (describe) _____</p>		FOR BOARD USE ONLY			
		TAX	IND	OFFICE	ACCOUNT NUMBER
		SC			
		NAICS CODE	BUSINESS CODE	A.C.C.	AREA CODE
		PROCESSED BY	CERTIFICATE FOR PERMIT ISSUE DATE ____ / ____ / ____		REPORTING BASIS
					VERIFICATION <input type="checkbox"/> DL <input type="checkbox"/> PA <input type="checkbox"/> Other
2. NAME OF SOLE OWNER, CORPORATION, LLC, PARTNERSHIP, OR TRUST			3. STATE OF INCORPORATION OR ORGANIZATION		
4. BUSINESS TRADE NAME [DBA] (if any)			5. DATE SALES OR LEASES BEGAN IN CALIFORNIA (month, day, and year)		
6. CORPORATE, LLC, LLP OR LP NUMBER FROM CALIFORNIA SECRETARY OF STATE			7. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)		
<p>CHECK ONE <input type="checkbox"/> Owner/Co-Owners <input type="checkbox"/> Partners <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Corp. Officers <input type="checkbox"/> LLC Officers/Managers/Members <input type="checkbox"/> Trustees/Beneficiaries</p> <p>Use additional sheets to include information for more than three individuals.</p>					
8. FULL NAME (first, middle, last)				9. TITLE	
10. SOCIAL SECURITY NUMBER (corporate officers excluded)			11. DRIVER LICENSE NUMBER (attach copy)		
12. HOME ADDRESS (street, city, state, zip code)				13. HOME TELEPHONE NUMBER ()	
14. FULL NAME (first, middle, last)				15. TITLE	
16. SOCIAL SECURITY NUMBER (corporate officers excluded)			17. DRIVER LICENSE NUMBER (attach copy)		
18. HOME ADDRESS (street, city, state, zip code)				19. HOME TELEPHONE NUMBER ()	
20. FULL NAME (first, middle, last)				21. TITLE	
22. SOCIAL SECURITY NUMBER (corporate officers excluded)			23. DRIVER LICENSE NUMBER (attach copy)		
24. HOME ADDRESS (street, city, state, zip code)				25. HOME TELEPHONE NUMBER ()	
26. TYPE OF BUSINESS (check one that best describes your business)					
<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Mfg. <input type="checkbox"/> Repair <input type="checkbox"/> Service <input type="checkbox"/> Construction Contractor <input type="checkbox"/> Leasing					
27. WHAT ITEMS WILL YOU SELL OR LEASE?					
28. DO YOU MAKE INTERNET SALES? <input type="checkbox"/> Yes <input type="checkbox"/> No			29. BUSINESS WEBSITE ADDRESS WWW. _____		
30. BUSINESS ADDRESS (street, city, state, zip code) [do not list PO Box or mailing service]				31. BUSINESS TELEPHONE NUMBER ()	
32. MAILING ADDRESS (street, city, state, zip code) [if different from business address]				33. BUSINESS FAX NUMBER ()	
34. NAME OF PERSON MAINTAINING YOUR RECORDS		35. ADDRESS (street, city, state, zip code)		36. TELEPHONE NUMBER ()	
37. ADDRESS WHERE BOOKS AND RECORDS, SUITABLE FOR AUDIT PURPOSES, ARE MAINTAINED (street, city, state, zip code)					
38. OTHER BOARD ACCOUNT NUMBERS					
39. PROJECTED MONTHLY GROSS SALES IN CALIFORNIA \$ _____			40. PROJECTED MONTHLY TAXABLE SALES IN CALIFORNIA \$ _____		
41. NAME OF BANK OR OTHER FINANCIAL INSTITUTION (note whether business or personal)			42. BANK BRANCH LOCATION		
43. NAME OF MERCHANT CREDIT CARD PROCESSOR (if you accept credit cards)			44. MERCHANT CARD ACCOUNT NUMBER		

tear at perforation

45. NAMES OF MAJOR CALIFORNIA-BASED CUSTOMERS 46. ADDRESSES (street, city, state, zip code)
 (attach additional sheets, if necessary)

CALIFORNIA LOCATIONS (List All Locations - Attach Additional Sheets, If Needed)

47. ADDRESS (street, city, state, zip code)	FUNCTION (Warehouse, Service, etc.)	TELEPHONE NUMBER	DO YOU HAVE INVENTORY IN CALIFORNIA?	ARE SALES NEGOTIATED FROM CALIFORNIA LOCATION(S)?
		()	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		()	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

48. CHECK ANY OF THE FOLLOWING ACTIVITIES PERFORMED IN CALIFORNIA BY YOUR COMPANY OR BY AN INDEPENDENT COMPANY ON YOUR BEHALF:
 Installation Soliciting Orders Training On-site customer assistance Delivery in your own vehicle

49. INDICATE WHICH OF THE FOLLOWING INDIVIDUALS PROVIDE THE ABOVE-REFERENCED ACTIVITIES
 Salesperson Solicitor Manufacturer's Agent Independent Contractor Installer Canvasser

50. LIST NAME, ADDRESS, AND TELEPHONE NUMBER OF ANY OF THE INDIVIDUALS CHECKED IN 48 AND 49 ABOVE

51. DO YOU ATTEND TRADE SHOWS IN CALIFORNIA?
 Yes No If yes, number of event days per year _____ Amount of sales per year \$ _____

OWNERSHIP AND ORGANIZATIONAL CHANGES

52. Are you buying an existing business? Yes No If yes, complete items 55 and 56.
 53. Are you changing from one type of business organization to another (for example, from a sole owner to a corporation or from a partnership to a limited liability company, etc.)? Yes No If yes, complete items 55 and 56.
 54. Other Ownership Changes (please describe): _____

55. FORMER OWNER'S NAME	56. SELLER'S PERMIT NUMBER
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CERTIFICATION

All Corporate Officers, LLC Managing Members, Partners, or Owners must sign below.

I am duly authorized to sign the application and certify that the statements made are correct to the best of my knowledge and belief. I also represent and acknowledge that the applicant will be engaged in or conduct businesses as a seller of tangible personal property.

NAME (typed or printed)	SIGNATURE 	DATE
NAME (typed or printed)	SIGNATURE 	DATE
NAME (typed or printed)	SIGNATURE 	DATE

FOR BOARD USE ONLY

SECURITY REVIEW	FORMS	PUBLICATIONS
<input type="checkbox"/> BOE-598 (\$ _____) or <input type="checkbox"/> BOE-1009	<input type="checkbox"/> BOE-8 <input type="checkbox"/> BOE-400-Y <input type="checkbox"/> BOE-162 <input type="checkbox"/> BOE-519 <input type="checkbox"/> BOE-467 <input type="checkbox"/> BOE-1241-D	<input type="checkbox"/> PUB 73 <input type="checkbox"/> PUB DE 44 _____ _____
REQUIRED BY _____	REGULATIONS <input type="checkbox"/> REG. 1668 <input type="checkbox"/> REG. 1698 <input type="checkbox"/> REG. 1700 <input type="checkbox"/> _____	RETURNS _____ _____