



CITY OF EMERYVILLE

1333 Park Avenue

Emeryville, CA 94608

(510) 596-4325

REQUEST FOR BUSINESS TAX REVIEW

Overview of Process

The Request for Business Tax Review Form provides you with the opportunity to supply additional facts about your business conduct. This supplemental information will assist the Finance Department in determining whether your activities are subject to business license requirements in Emeryville.

If you feel you have received the UNLICENSED BUSINESS NOTIFICATION LETTER in error, or if you do not believe you or your business is subject to the business license requirement, please follow the instructions for completing the Request for Business Tax Review listed below.

Upon review of your response, you will receive a Notice of Determination, notifying you of the findings.

Instructions for Completing Form of Request for Business Tax Review

- For each Unlicensed Business Notification you received, complete a separate Request for Business Tax Review form. If you list multiple file numbers on the same form, it will be returned, with no extensions of deadline.
- Provide the name, telephone number and/or email address of the person who can be reached should clarification be required.
- For each of the questions below, Please check and/or circle one of the boxes.
- Be sure to attach any supporting documents, as requested, depending on what box you checked.
- Sign, date and print your name.

This person or entity may not be subject to the City of Emeryville Business License Tax. If you believe such is the case, please complete this form and return it in the envelope provided. Include a contact name and phone number should additional information be required. You will receive a Notice of Determination by mail following the review of this form indicating the reviewer's decision regarding the business license requirement for this entity.

This form must be received no later than the due date articulated in the Unlicensed Business Notification.

Entity

Name: _____ File No: _____

Telephone: () _____ Email: _____

Please check Yes or No to each of the following:

Yes No

- This person or entity has filed with the Franchise Tax Board (FTB) as a business or trade indicating an Emeryville address.
- This entity has registered with the Secretary of State as a (circle one) **Corporation** **LLC** **LP** indicating the principal address is in Emeryville. (Circle the status of the legal entity)
 - **Active**
 - **Dissolved Canceled Suspended Forfeited Surrendered Merged Out Expired**
 Indicate date on which this status was obtained. _____
- This person or entity has obtained an Employer Identification Number from the IRS.
- This person or entity claims office deductions or business expenses for commercial or residential based business conduct at an Emeryville address.
- This person or entity has filed a Fictitious Business Name with the Alameda County Clerk's office indicating an Emeryville address.
- This person has received compensation as an independent contractor and/or received a Form 1099 for work performed in Emeryville.
- This person or entity uses an Emeryville address for receipt of mail, including PO Box addresses.

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- This legal entity is operated, managed or controlled from an Emeryville address.
** Note: If you check NO, please list the address on the reverse side of this form.*
- This person or entity holds other state or federal licenses using an Emeryville address. Please specify the type and license number. (Attach additional pages as necessary.)
 License No. _____ Type _____
 e: _____
- A business checking account was opened in the name of this person or entity.
- This person or entity is registered with the Board of Equalization (BOE), using an Emeryville address.
- This person or entity represents to the public by advertisement, business cards, business letterhead, and/or a business phone number indicating or associated with an Emeryville address.
- The legal entity's Agent for Service of Process is located in Emeryville.
** Note: The Agent for Service is the person designated to receive legal correspondence for your entity.*
- This entity uses an accountant's or an attorney's address in Emeryville for business correspondence.
- This entity leases property to other businesses or people. (Attach additional pages as necessary.)
- Residential. How many properties leased? (non owner-occupied) _____
- Commercial. Indicate location of property _____
- This entity is lessee that sublets property to other businesses or people.
 (Attach additional pages as necessary.)
- Residential. How many units subleased? _____
- Commercial. Indicate location of property _____

If applicable select one of the following common reasons that may exempt or waive business license in the City of Emeryville.

- This entity is recognized as a tax-exempt organization.** (Attach proof of exemption)
- This entity was dissolved.** (Attach proof of dissolution.)
- An Emeryville Business License has already been issued to this person or legal entity.**

(Note: An Emeryville business license is issued to the entity, not the "business")

License No. _____ Expiration: _____

- This business does not operate in Emeryville / I do not operate my business in Emeryville.** Please list the complete address where business is operated and, where applicable, the business license number for the city in which it is operated. *This information will be forwarded to the city listed for their review, where applicable.*

Address	City	State	Zip Code	City License

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I understand any statements made herein will be verified.

 Signature/Date Printed Name

OFFICE USE ONLY			
Date Received _____	Determination: ___ Upheld	___ Exempt	Reviewer _____