



CITY OF ORANGE

BUSINESS LICENSE DIVISION

www.cityoforange.org

PHONE: (714) 744-2267 • FAX: (714) 288-2170

REQUEST FOR BUSINESS TAX REVIEW

This person or entity may not be subject to the City of Orange Business License Tax. If you believe such is the case, please complete this form and return it in the envelope provided.

Following our review of this information, we will either contact you with a determination or ask for additional information.

Business Entity: _____ File No: _____

Phone: (____) _____ Email: _____

Please check Yes or No to each of the following:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | This business entity has filed with the Franchise Tax Board (FTB) as a business or trade using a City of Orange address. |
| ☐ | ☐ | This business entity is actively registered with the Secretary of State as a Corporation / LLC / LP, with the _____ principal address in the City of Orange. If registered in another city, attach registration. |
| ☐ | ☐ | This business entity has obtained an Employer Identification Number (EIN) from the IRS. |
| ☐ | ☐ | The business entity's Articles of Incorporation or Statement of Information indicate that the principal executive office is located in the City of Orange. If no, please attach. |
| ☐ | ☐ | A business checking account was opened in the business name using a City of Orange address. |
| ☐ | ☐ | This business entity is registered with the Board of Equalization and has a Seller's Permit or Resale Number, with a City of Orange address or sub location. |
| ☐ | ☐ | This business represents to the public by advertisement, business cards, business letterhead, or a business phone number, with a City of Orange address. |
| ☐ | ☐ | This person or entity claims office deductions or business expenses for a residential or commercial location in the City of Orange. If no, please attach tax return showing no home office deductions. |
| ☐ | ☐ | This entity is registered at a residential address in Orange and has no other location listed. |
| ☐ | ☐ | The business owner has other corporations licensed with the City (with different tax ID numbers). |
| ☐ | ☐ | This business is based in a residence in the City of Orange but may do work elsewhere as well. |
| ☐ | ☐ | This entity regularly conducts business on the internet from a residence in Orange. |
| ☐ | ☐ | This entity uses a Commercial Mail Receiving Agency (Mailbox) or P.O. Box for business mail in Orange. |
| ☐ | ☐ | This entity holds a state license using a City of Orange address. Please specify the type and license number (i.e. Architect, Attorney, CPA, etc) _____ |
| ☐ | ☐ | This business is operated, managed or controlled from a City of Orange address. If no, show address where business is managed: _____ |
| ☐ | ☐ | This entity is a property owner. If yes, please complete Supplement A – Property Owners. |

Please Continue on Reverse Side

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If applicable, select one of the following common reasons that may exempt you from business tax for the City of Orange.

- ☐ **This business has a commercial location outside of Orange and has not entered the City to provide a service, sell, or deliver a product.**
- ☐ **This entity is recognized as a tax-exempt organization.** Attach proof of exemption such as a 501(c)(3) form or a tax exempt notification from the IRS or FTB.
- ☐ **This notice was sent to a W2 (salaried) employee.** Please complete and return the Employee Certification Form, available on the City web site at www.cityoforange.org / Guide to Business / State Franchise Tax Board. You may also call 714-744-2270 to have this form faxed to you.
- ☐ **This business entity was dissolved.** Attach proof of dissolution.
- ☐ **A City of Orange Business License has already been issued to this person or legal entity.**
License No. _____ Expiration Date: _____
- ☐ **This business does not operate in the City of Orange.** Please list the complete address where business is operated and, where applicable, the business license number for the city in which it is operated.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>City License</u>

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

Signature: _____ Printed Name: _____

Date: _____

Checklist

- For each notice you received, complete a separate form. If you list multiple businesses on the same form, it will be returned, with no extensions of deadline.
- Provide the telephone number and/or email address of the person who can be reached should clarification be required.
- Be sure to attach supporting documents.
- Sign and print your name.

OFFICE USE ONLY

Date Reviewed: _____ Determination: Upheld Dismissed Reviewer: _____