



150 City Park Way  
 Brentwood, CA 94513  
 925-516-5480  
 Fax 925-516-5401

**BUSINESS TAX CERTIFICATE APPLICATION- RENTAL**

• OFFICIAL USE ONLY •

PLEASE TYPE OR PRINT CLEARLY- ALL ASTERISKED INFORMATION IS REQUIRED.  
 (Instructions on the back)

1. Business Name\* \_\_\_\_\_  
 2. Business Address\* \_\_\_\_\_  
 3. Property Owner\* \_\_\_\_\_  
 4. Property Address\* \_\_\_\_\_  
 (not P.O. Box)\* \_\_\_\_\_  
 5. Mailing Address \_\_\_\_\_  
 (if different) \_\_\_\_\_  
 6. Daytime Phone\* (\_\_\_\_) \_\_\_\_\_ Contact Phone (\_\_\_\_) \_\_\_\_\_  
 7 Start Date in Brentwood \_\_\_\_\_  
 8. Ownership Type:\*  Corporation  Ltd. Liability Corp.  Partnership  Sole Proprietor  Trust  
 9. Property Management/Company Name \_\_\_\_\_  
 10. Address \_\_\_\_\_  
 11. Phone Number (\_\_\_\_) \_\_\_\_\_

BUSINESS TAX NO. \_\_\_\_\_  
  
 BUSINESS TYPE :  
 RESIDENTIAL LANDLORD \_\_\_\_\_

Enter names of Owners, Partners, or Corporate Officers. Attach page of additional owners if needed. Information below will remain confidential pursuant to Municipal Code 5.04.160.

12. Owner Name\* \_\_\_\_\_ 13. Title\* \_\_\_\_\_ 14. Phone\* (\_\_\_\_) \_\_\_\_\_  
 15. Home Address\* \_\_\_\_\_ 16. Alternate Phone\* (\_\_\_\_) \_\_\_\_\_  
 17. SSN or Fed ID.\* \_\_\_\_\_ 18. Driver's Lic. No.\* \_\_\_\_\_ 19. Email \_\_\_\_\_

20. Enter addresses of additional rental properties (if applicable). Attach a separate page, if necessary.

a. \_\_\_\_\_

In case of emergency, please contact:

21. Name\* \_\_\_\_\_ 22. Title\* \_\_\_\_\_ 23. Phone\* (\_\_\_\_) \_\_\_\_\_  
 24. Address\* \_\_\_\_\_ 25. Cell Phone (\_\_\_\_) \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW**

26. Gross Receipts\*  
 (Estimate if new business)

\$

27. No. of  
 Employees\*

Your Business Tax Certificate fee is based on your Gross Receipts for the year. For a new business which has no gross receipt history, you are required to estimate gross receipts. Enter your Gross Receipts in the box above.

Calculate your tax due from the table below and enter your Tax Due in the box to the right.

28. Tax Due\*  
 (Minimum \$100.00)

\$

29. Application Fee\*

\$ 37.49

30.

\$ 000,000 to \$333,333	\$100 (Minimum Tax)
\$ 333,334 to \$500,000	\$.30 per \$1,000 of Gross Receipts
\$ 500,001 to \$1,000,000	\$150 + \$.25 per \$1,000 in excess of \$500,000
\$1,000,001 & up	\$275 + \$.15 per \$1,000 in excess of \$1,000,000

31. Total Amount  
 Due\*

\$

I declare, under penalty of perjury, that the information in this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of my business license. The business tax certificate shall be evidence only of the fact that such business tax has been paid. Neither the payment of the business tax nor the possession of the business tax certificate shall authorize, permit, or allow the doing of any act which the person paying or holding such business tax certificate would not otherwise be entitled to do; nor shall it be construed as permission to conduct or carry on a business at any place within the city where the conducting or carrying on of such business is prohibited or fails to comply with the city's zoning, planning, or building regulations, nor shall it be construed as permission to conduct or carry on a business in such a manner as to create or maintain a nuisance. (Ord. 707 (part), 2002)

32. Signature of Owner or Representative \* \_\_\_\_\_ Date\* \_\_\_\_\_

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF BRENTWOOD

## **INSTRUCTIONS**

**For additional information visit our web at <http://www.brentwoodca.gov/start.htm>**

1. Enter the Business Name or the Name of the Property Owner
2. Enter Business Address or the Address of the Rental Property
3. Enter the Property Owners Name as it appears in the Contra Costa County Tax record
4. Enter the Property Address or Rental Property Address as it appears in the Contra Costa County Tax record
5. Enter the mailing address
6. Enter your daytime and contact telephone numbers
7. Enter the date you began renting (all or any portion of) your property
8. Enter the appropriate ownership type
9. Enter the name of the Property Management Company (if applicable)
10. Enter the address of the Property Management Company
11. Enter the phone number of the Property Management Company
12. Enter the Owners Name
13. Enter the Title of Owner (i.e. CEO, Owner, Partner, etc)
14. Enter the Phone Number of Owner
15. Enter the Home address of Owner
16. Enter an Alternate phone number of Owner
17. Enter the Social Security Number (SSN) of the Owner (not needed if Federal ID number is provided)
18. Enter the Drivers License of the Owner (not needed if SSN or Federal ID is provided)
19. Enter Owner's email address (optional)
20. Enter Address of additional Rental Properties in the City of Brentwood (If you maintain a single set or integrated set of books and records for all your properties, you may list them here. If you maintain a separate set of books or records for each of your properties, please submit a separate application for each property.)
21. Enter Emergency Contact Name
22. Enter Emergency Contact Title
23. Enter Emergency Contact Phone Number
24. Enter Emergency Contact Address
25. Enter Emergency Contact Cell Phone Number
26. Enter the Gross Receipts for prior year. If you are a new business, you are required to estimate gross receipts  
**For calculating your business tax, please visit the City of Brentwood's Tax Calculator at:**  
[http://www.brentwoodca.gov/department/fi/financial/bus\\_calc.cfm](http://www.brentwoodca.gov/department/fi/financial/bus_calc.cfm)
27. Enter the number of employees
28. Enter the amount of tax due based on your Estimated Gross Receipts from Table (#29)
29. Application Fee Due
30. Table of Tax Due: Used to determine tax amount due to the City of Brentwood
31. Enter the total amount due, tax plus application fee (#26 + #27)
32. **Be sure to sign and date the form.**

Remit your payment, along with your Business Tax Certificate Application to:

**City of Brentwood  
150 City Park Way  
Brentwood, CA 94513  
Or, fax to: 925-516-5401  
Phone Number: 925-516-5480**

City of Brentwood Web Site: [www.brentwoodca.gov](http://www.brentwoodca.gov)  
City of Brentwood Business Tax Email: [blmessages@brentwoodca.gov](mailto:blmessages@brentwoodca.gov)

Hours of Operation: 8:00-5:00 Monday through Friday  
Business Tax Web Site: <http://www.brentwoodca.gov/department/fi/financial/buslic.cfm>