

APPLICATION FOR SELLER'S PERMIT

1. PERMIT TYPE: (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		FOR BOE USE ONLY			
2. TYPE OF OWNERSHIP (check one) * Must provide partnership agreement		TAX	IND	OFFICE	PERMIT NUMBER
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Married Co-ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Unincorporated Business Trust <input type="checkbox"/> Limited Partnership (LP)* <input type="checkbox"/> Limited Liability Partnership (LLP)* <small>(Registered to practice law, accounting or architecture)</small> <input type="checkbox"/> Registered Domestic Partnership <input type="checkbox"/> Other (describe) _____		S			
		NAICS CODE	BUS CODE	A.C.C.	REPORTING BASIS
					TAX AREA CODE
		PROCESSED BY	PERMIT ISSUE DATE		RETURN TYPE
			___ / ___ / ___		<input type="checkbox"/> (1) 401-A <input type="checkbox"/> (2) 401-EZ VERIFICATION <input type="checkbox"/> DL <input type="checkbox"/> PA <input type="checkbox"/> Other
3. NAME OF SOLE OWNER, CORPORATION, LLC, PARTNERSHIP, OR TRUST			4. STATE OF INCORPORATION OR ORGANIZATION		
5. BUSINESS TRADE NAME/"DOING BUSINESS AS" [DBA] (if any)			6. DATE YOU WILL BEGIN BUSINESS ACTIVITIES (month, day, and year)		
7. CORPORATE, LLC, LLP OR LP NUMBER FROM CALIFORNIA SECRETARY OF STATE			8. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)		
CHECK ONE <input type="checkbox"/> Owner/Co-Owners <input type="checkbox"/> Partners <input type="checkbox"/> Registered Domestic Partners <input type="checkbox"/> Corp. Officers <input type="checkbox"/> LLC Officers/Managers/ Members <input type="checkbox"/> Trustees/Beneficiaries Use additional sheets to include information for more than three individuals.					
9. FULL NAME (first, middle, last)				10. TITLE	
11. SOCIAL SECURITY NUMBER (corporate officers excluded)			12. DRIVER LICENSE NUMBER (attach copy)		
13. HOME ADDRESS (street, city, state, zip code)				14. HOME TELEPHONE NUMBER ()	
15. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU		16. ADDRESS (street, city, state, zip code)		17. REFERENCE TELEPHONE NUMBER ()	
18. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER (first, middle, last)				19. TITLE	
20. SOCIAL SECURITY NUMBER (corporate officers excluded)			21. DRIVER LICENSE NUMBER (attach copy)		
22. HOME ADDRESS (street, city, state, zip code)				23. HOME TELEPHONE NUMBER ()	
24. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU		25. ADDRESS (street, city, state, zip code)		26. REFERENCE TELEPHONE NUMBER ()	
27. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER (first, middle, last)				28. TITLE	
29. SOCIAL SECURITY NUMBER (corporate officers excluded)			30. DRIVER LICENSE NUMBER (attach copy)		
31. HOME ADDRESS (street, city, state, zip code)				32. HOME TELEPHONE NUMBER ()	
33. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU		34. ADDRESS (street, city, state, zip code)		35. REFERENCE TELEPHONE NUMBER ()	
36. 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				37. NUMBER OF SELLING LOCATIONS <small>(if 2 or more, see Item No. 66)</small>	
38. WHAT ITEMS WILL YOU SELL?				39. CHECK ONE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
40. BUSINESS ADDRESS (street, city, state, zip code) [do not list P.O. Box or mailing service]				41. BUSINESS TELEPHONE NUMBER ()	
42. MAILING ADDRESS (street, city, state, zip code) [if different from business address]				43. BUSINESS FAX NUMBER ()	
44. BUSINESS EMAIL ADDRESS		45. BUSINESS WEBSITE ADDRESS WWW.		46. DO YOU MAKE INTERNET SALES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. NAME OF BUSINESS LANDLORD		48. LANDLORD ADDRESS (street, city, state, zip code)		49. LANDLORD TELEPHONE NUMBER ()	
50. PROJECTED MONTHLY GROSS SALES \$		51. PROJECTED MONTHLY TAXABLE SALES \$		52. ALCOHOLIC BEVERAGE CONTROL LICENSE NUMBER (if applicable) _____ - _____	
53. SELLING NEW TIRES AT RETAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No		54. SELLING COVERED ELECTRONIC DEVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No		55. SELLING TOBACCO AT RETAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(continued on reverse)

tear at perforation

56. NAME OF PERSON MAINTAINING YOUR RECORDS	57. ADDRESS (street, city, state, zip code)	58. TELEPHONE NUMBER ()
59. NAME OF BANK OR OTHER FINANCIAL INSTITUTION (note whether business or personal)	60. BANK BRANCH LOCATION	
61. NAME OF MERCHANT CREDIT CARD PROCESSOR (if you accept credit cards)	62. MERCHANT CARD ACCOUNT NUMBER	
63. NAMES OF MAJOR CALIFORNIA-BASED SUPPLIERS	64. ADDRESSES (street, city, state, zip code)	65. PRODUCTS PURCHASED

ADDITIONAL SELLING LOCATIONS (List All Other Selling Locations)

66. PHYSICAL LOCATION OR STREET ADDRESS (attach separate list, if required)

OWNERSHIP AND ORGANIZATIONAL CHANGES (Do Not Complete for Temporary Permits)

67. ARE YOU BUYING AN EXISTING BUSINESS?
 Yes No If yes, complete items 70 through 74.

68. 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 70 and 71.

69. OTHER OWNERSHIP CHANGES (please describe):

70. FORMER OWNER'S NAME	71. SELLER'S PERMIT NUMBER
72. PURCHASE PRICE \$	73. VALUE OF FIXTURES & EQUIPMENT \$
74. IF AN ESCROW COMPANY IS REQUESTING A TAX CLEARANCE ON YOUR BEHALF, PLEASE LIST THEIR NAME, ADDRESS, TELEPHONE NUMBER, AND THE ESCROW NUMBER	

TEMPORARY PERMIT EVENT INFORMATION

75. PERIOD OF SALES FROM: ___/___/___ THROUGH: ___/___/___	76. ESTIMATED EVENT SALES \$	77. SPACE RENTAL COST (if any) \$	78. ADMISSION CHARGED? <input type="checkbox"/> Yes <input type="checkbox"/> No
79. ORGANIZER OR PROMOTER OF EVENT (if any)		80. ADDRESS (street, city, state, zip code)	81. TELEPHONE NUMBER ()
82. ADDRESS OF EVENT (If more than one, use line 66, above. Attach separate list, if required.)			

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 business 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 BOE USE ONLY

SECURITY REVIEW <input type="checkbox"/> BOE-598 (\$ _____) or <input type="checkbox"/> BOE-1009 REQUIRED BY _____ APPROVED BY _____	FORMS <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	PUBLICATIONS <input type="checkbox"/> PUB 73 <input type="checkbox"/> PUB DE 44 _____ _____ RETURNS _____ _____
REGULATIONS <input type="checkbox"/> REG. 1668 <input type="checkbox"/> REG. 1698 <input type="checkbox"/> REG. 1700 <input type="checkbox"/> _____		