

**NON-PROFIT AND LIMITED INCOME
APPLICATION FOR EXEMPTION
FROM BUSINESS LICENSE TAX**

San Buenaventura Ordinance No. 92-19, Sec. 4.155.430

Business Name:

Owner/Officer's Name and Title:

SSN/FEIN/ID#:

Business Address:

Mailing Address:

Telephone:

Business Type:

To qualify for business tax exempt status, submit copies of required documentation based on your claim for exemption along with the completed Business License Application.

***NON-PROFIT ORGANIZATION Sec. 4.155.430.1**

Attach to this form the following:

1. The organization's articles of incorporation (only required for renewals if changed within the last 5 years)
2. Evidence of the organization's non-profit status (i.e. federal or state tax exempt status letter or recent tax return)
3. Administrative fee

*** LIMITED INCOME Sec 4.155.430.2**

Attach to this form the following:

1. Copy of the previous year's tax return showing income of \$2400 or less.
2. Administrative fee

Please sign the following statement:

I am requesting exemption from payment of the city business license tax based upon the information that I have provided herein. I declare under penalty of perjury under the laws of the State of California that the above and attached information is true and correct.

Signed: _____

Print Name: _____

Title: _____

Date: _____

OFFICE USE ONLY

Application Type ☐ New ☐ Renewal

Organization's Bylaws ☐ Attached ☐ On File

Federal Tax Exempt Status Letter ☐ Attached ☐ On File

Date Application Received: _____

State Tax Exempt Status Letter ☐ Attached ☐ On File

Business License Number: _____