

## BUSINESS TAX CERTIFICATE STATEMENT DELIVERY VEHICLES

Business Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Ownership:  Corporation  Sole Proprietor  Partnership  Limited Partnership  Trust

Date Business Established \_\_\_\_\_ Product Delivered \_\_\_\_\_

**LOCAL STORES PRODUCT DELIVERED TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary**

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ E-Mail \_\_\_\_\_

I hereby certify that I have examined this report and that the statements made and the figures shown herein are, to the best of my knowledge and belief, a true and complete statement, made in good faith, pursuant to the City of Tehachapi Business Tax Ordinance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_  
(Owner, Partner, Agent or Officer of Corporation)

NUMBER OF VEHICLES DELIVERING WITHIN TEHACHAPI CITY LIMITS

TOTAL BUSINESS TAX FEE (\$25.00 per Vehicle annually)

\$

Please Return To: **CITY BUSINESS TAX COLLECTOR**  
115 SOUTH ROBINSON STREET  
TEHACHAPI, CA 93561