

APPLICATION FOR CERTIFICATE OF OCCUPANCY

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:

_____	_____
_____	_____
_____	_____

Owner Name _____ Title _____ Phone _____

Home Address _____

Driver's License _____ Social Security No. _____ email _____

Owner Name _____ Title _____ Phone _____

Home Address _____

Driver's License _____ Social Security No. _____ email _____

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)

STATE CASp FEE \$1.00

TOTAL