Account #	
Customer ID #_	
License Ref#	



ADMINISTRATIVE SERVICES DEPARTMENT REVENUE SERVICES DIVISION-BUSINESS LICENSE TAX

425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201

	Phone (209) 93 Email: bl@stockto www.stocktone					
		License Ta ar(s) Gross				
COMPLETE AND RETUR	RN WITH YOUR E	BUSINESS L	LICENSE AF	PPLICATION		
Business						
Business Name:						
Business Address:						
Start Date of Business in	າ Stockton:					
Commercial or Resident	tial Property					
Property Owner Name:						
Rental Property Address	s:					
Parcel No. (APN):		Date Propert	y Purchased	d:		
List the gross receipts of and sales of alcoholic bev		on for the ye	ears indicated	d. <u>Exclude</u> taxes	collected	
2019 \$						
2020 \$						
2021 \$						
2022 \$						
I certify under penalty o	f perjury that the	informatio	n above is	true and correct	<u>.</u>	
Signature of Owner	Print Na	me		Date		
			()		
Mailing Address	City	State	∠ıp Ph	one		