

## **Affidavit for Exemption from Business Tax**

[Section 5-1107, Fremont Municipal Code, Subsection (b) and (c)]

, •	m exemption from payment of a busines Code, pursuant to Section 5-1107 of sais strue and correct		•		
	o true una correct.				
Address of Organization					
C	Number Street		City	State	Zip
Business Phone:	Alternate/Cell:		F	Fax:	
A copy of the Federal o	or State exemption letter and current rece	ertifications	must be attach	ed.	
Check the appropriate	te box and fill out pertinent information	ı:			
Nonprofit Actvition	es				
-					
Description:	ation [Part-time occupation: The gross income f		-		-
-	Prescribed By Law				
be undertaken.]	please list the name, address and phone number o	-	_		
Address:					
Num	ber Street		City	State	Zip
			Date		
Signature					
Approved by:		Title:	• • • • • • • •	• • • • • • • •	•••••
		Title:			
Expiration Date:		Date:			

## **WARNING:**

A tax exempt certificate issued pursuant to Section 5-1107 of the Fremont Municipal Code is subject to revocation if the person signing the affidavit has furnished false and misleading information where, if the true facts had been given, the person signing would not have qualified for tax exempt status.



Finance Department | Revenue Division 39550 Liberty Street, Fremont, CA 94538 *Ph:* 510-494-4790 | *Fax:* 510-494-4754 www.fremont.gov

## **LIST OF SOLICITORS**

		DRIVER'S LICENSE #		
NAME	<u>ADDRESS</u>	/ DATE OF BIRTH		
		_		