



Customer Service	
	Toll-Free Phone: (866) 240-3665 Toll-Free Fax: (855) 219-4338 Se habla español.
	Email: OaklandBevTaxSupport@muniservices.com Website: www.revds.com

Step 1 of 3: Check all that apply:

- My business delivers items taxable by the Sugar-Sweetened Beverage Tax to retailers in the City of Oakland.
- My business brings items taxable by the Sugar-Sweetened Beverage Tax into the City of Oakland for retail sale at our own store.
- My business is not responsible for paying the Sugar-Sweetened Beverage Tax to the City of Oakland because (Check one):
 - My business is not subject to taxation by the City of Oakland, under state or federal law. (Please provide supporting documentation.)
 - My business had annual gross receipts under \$100,000 during the most recent calendar year. (Please provide supporting documentation.)
 - My business has all of its items taxable by the Sugar-Sweetened Beverage Tax delivered by other distributors**. (Please provide distributor information on the back of this form.)
 - My business does not distribute any items taxable under the Sugar-Sweetened Beverage Tax, and no distributors deliver these items to my business. (See taxable items and exemptions in FAQs.)
 - My business has closed or does not do business in the City of Oakland.
Effective Date: _____

If business was sold, please provide the new owner's contact information:
_____ Date Sold: _____

Step 2 of 3: Please provide the below information for your business:

Business Name: _____

Doing Business As (DBA): _____

Mailing Address: _____
Street Address/PO Box City State Zip

Physical Address in Oakland: _____
Street Address City State Zip

Business Contact/Title: _____
(Please print.)

Contact Phone #: _____ Contact Email Address: _____

FEIN or Owner's SSN #: _____ City of Oakland Business License #: _____

MUST COMPLETE REVERSE SIDE BEFORE REMITTING

Remit To: City of Oakland, SSBT c/o MuniServices
1714 Franklin St. #100-292 • Oakland, CA 94612

Step 3 of 3: Please sign and return this form to MuniServices at the address indicated at bottom of form:

I declare under penalties of perjury that the above information is, to the best of my knowledge and belief, true and accurate.

Print Name: _____ **Signed:** _____ **Date:** _____

**If your business has items taxable by the Sugar-Sweetened Beverage Tax delivered by distributors, please fill in the distributors' information the blanks below:

Distributor 1

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 2

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 3

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 4

Business Name: _____

Business Address: _____

Contact Information: _____