



# CITY OF HAYWARD

777 "B" Street

Hayward, CA 94541-5077

(510) 583-4600 · TDD (510) 247-3340

REVENUE DIVISION

BUSINESS TAX FORM 1

www.hayward-ca.gov

PLEASE TYPE OR PRINT WITH PEN - FORM MUST BE COMPLETED IN ITS ENTIRETY

1. Today's Date: 11/17/11

Date Business Commenced in Hayward 1/1/2009

2. Business Name & Location:

Business Name NOR-CAI ROCKERY

No. & Street 30120 Industrial Park SW

City, State, Zip Hayward Ca 94544

Telephone No. (510) 636-9860 Fax No. (510) 383-2917

E-mail Address: Frank@SN SANDS.COM

Is business a P.O. box/mail drop? Yes    No X

Is this business conducted in/from a residence? Yes    No X

If mailing address is different than above, please indicate below:

Attn: Steve Navarro

Address: 477 Roland Way

City, State, Zip Oakland Ca 94621

3.

(This information is required by Section 19286.8 of the Revenue and Taxation Code.)

4. Business Owner/Corporation President Information:

Owner/CEO or  Partner Name: Steve Navarro

Home Address 27253 Greenhaven Rd

City, State, Zip Hayward Ca 94542

Home Telephone No.: (510) 889-6428

5. Describe in detail the nature of the business to be conducted (i.e. manufacture and wholesale of appliances): Aggregates / retail

Is the business:  Retail  Wholesale  Commercial/Residential Rental  
 New Items  Used Items  Manufacturer  
 Office  Service  Storage/Warehouse (No sales)  
 Firearms  Other (Specify) \_\_\_\_\_

6. If business is property rental: no

• Number of units at location \_\_\_\_\_

• Is there more than one address at this location? Yes    No X

• Do you own additional rental property in Hayward? Yes    No X

7. Contractor License No. and Classification. (if licensed under provisions of the State Business Professions Code. Section 7033) 915550

## AFFIDAVIT

I certify under penalty of perjury that information provided on this form is true and correct. I understand that payment of this tax, its acceptance by the City and the issuance of this Business Tax receipt does not entitle me or the business on behalf of which I have signed this affidavit to carry on any business unless that business complies with all applicable laws.

Executed on

11/17/11

(Date)

at

✓ Oakland Ca

(City and State)

IMPORTANT INFORMATION ON THE REVERSE SIDE OF THE CUSTOMER COPY.  
PLEASE READ PRIOR TO SIGNING AFFIDAVIT.

## Attachment XIII

This is your receipt when validated.

Valid from \_\_\_\_\_ through \_\_\_\_\_

Post until "Valid through" date.

For Office Use Only

Tax # 146956

SIC Code 5999

Renewal Period (A, Q, or Q) A

Business Type Code 91 - F

Special District \_\_\_\_\_

Business Name Change

Business Address Change

Business Officer / Ownership Change

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