

BUSINESS LICENSE & TAX CERTIFICATE APPLICATION

990 Palm Street / P.O. Box 8112 - San Luis Obispo, CA 93403-8112 – (805) 781-7134

Application for: New Business Change of Business Name Change of Location Change of Ownership

Business Name _____ Phone _____

Email _____ Website _____

Ownership Status: Public Private

Ownership Type: Corporation Partnership Sole Proprietor Employee Owned Trust Other _____

Business Location _____ Suite No. _____ City _____ State _____ Zip _____

PO Box addresses cannot be accepted as business locations – If your business is located in San Luis Obispo, please complete the last page of this application.

Location Type: Commercial Home Occupation Industrial Residential

Mailing Address _____ Suite No. _____ City _____ State _____ Zip _____

Owner/Contact Name _____

Federal Employer/Social Security No. _____ State Sales Tax No. _____

State Franchise No. _____ Business Open Date _____

NAICS Coding: Please check the category(ies) that best describe your business activity.

- | | | |
|--|---|---|
| <input type="checkbox"/> Retail Trade (44-45) | <input type="checkbox"/> Manufacturing (31-33) | <input type="checkbox"/> Administrative, Support, Waste Management or Remediation Services (56) |
| <input type="checkbox"/> Accommodation or Food Services (72) | <input type="checkbox"/> Wholesale Trade (42) | <input type="checkbox"/> Agriculture (11) |
| <input type="checkbox"/> Professional, Scientific or Technical Services (54) | <input type="checkbox"/> Transport or Warehouse (48-49) | <input type="checkbox"/> Utilities (22) |
| <input type="checkbox"/> Management of Companies & Enterprises (55) | <input type="checkbox"/> Information (51) | <input type="checkbox"/> Other Services (except Public Administration) (81) |
| <input type="checkbox"/> Health Care or Social Assistance (62) | <input type="checkbox"/> Finance or Insurance (52) | <input type="checkbox"/> Public Administration (92) |
| <input type="checkbox"/> Construction (23) | <input type="checkbox"/> Real Estate, Rental or Leasing (53) | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Educational Services (61) | |
| | <input type="checkbox"/> Arts, Entertainment or Recreation (71) | |

Please provide a detailed description of the nature of your business, including products or services offered.

Are you selling or offering the following services or products?:

Tobacco Massage Therapy Filming Sales on Streets & Sidewalks Soliciting

Are you doing business from your home? Yes No

Applicant / Representative: I reviewed this application and the information is accurate to the best of my knowledge. I understand the issuance of a business license & tax certificate does not constitute proof of compliance with other city, county, state, and federal regulations.

Signed _____ Title _____ Date _____

FINANCE & IT DEPARTMENT

Please send remittance to: P.O. Box 8112, San Luis Obispo, CA 93403-8112

We are located at: 990 Palm Street, San Luis Obispo, CA 93401-3249

The **Finance Dept.** is open from 8:00 a.m. to 5:00 p.m. Monday through Friday (except holidays).

Have a question?

Phone us at: (805) 781-7134

Email us at: bt@slocity.org

Fax us at: (805) 781-7401

Telecommunications Device for the Deaf: (805) 781-7410

For information about the City, or to complete a business tax application, visit our Website at: www.slocity.org

The business tax certificate must be renewed annually by July 31st or the business owner will be considered in violation of the City's Municipal Code and penalties will be assessed. Additionally, late charges of 1.5% of the outstanding balance or \$15 (whichever is greater) will apply to all account balances when payment is not received within 30 days and will be reassessed each 30 days thereafter when a balance remains outstanding. All returned checks will be assessed a service charge and the certificate will be nullified.

ZONING & BUILDING CLEARANCE

(For Businesses within the city limits of San Luis Obispo)

Your Business License/Tax Certificate will not be processed until your business location has been approved.

Please contact the **COMMUNITY DEVELOPMENT DEPARTMENT** at (805) 781-7170, or visit us at 919 Palm Street, for assistance in filling out this form. Our office is open from 8 a.m. to noon and 1 to 3 p.m. Monday through Friday (except holidays).

Business Name: _____ Business Address: _____

Previous Business Name: _____ Previous Address: _____

Contact Name: _____ Daytime Phone: _____

**IF ONLY THE BUSINESS NAME OR OWNERSHIP HAS CHANGED, YOU MAY STOP HERE.
FOR ALL OTHER CHANGES, PLEASE COMPLETELY FILL OUT THIS FORM.**

Former Tenant: _____ Describe Adjacent Tenants: _____

Extent of alterations/tenant improvements planned: _____

Is your business located on: Ground Floor Upper Floor

Are you sharing space with another existing business? Yes No If yes, with whom? _____

Are you operating as an independent contractor leasing space at an existing business? Yes No

If yes, with what business? _____

Approx. floor area occupied by your business: _____ sq. ft. Area devoted to outdoor storage: _____ sq. ft.

Total number of off-street parking spaces provided exclusively for the business*: _____

*If the business shares off-street parking with another business, please provide a running total of the site's parking requirements (maintained by the property owner).

Estimated number of employees: _____ Full-time: _____ Part-time: _____

Extent of customer visitation: _____

Will your business create any nuisance (i.e. noise, odors, or waste products)? Yes No

If yes, what kind? _____

STAFF USE ONLY

What zone is this business in? _____ Occupancy Class: _____

Total number of off-street parking spaces required by the City: _____

Zoning Regulations Classification: _____

Is this business allowed in this zone? Yes, permit not required. Yes, with a _____ permit.
Date Approved: _____

Approved By: _____
(Planning) (Date) (Building) (Date)

Notes to file: _____