FINANCE & IT DEPARTMENT

Please send remittance to:

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:	Busin	ness Address:	
	Previous Address:		
tact Name: Daytime Phone:			
		HAS CHANGED, YOU MAY STOP HE PLETELY FILL OUT THIS FORM.	RE.
rmer Tenant: Describe Adjacent Tenants:			
Extent of alterations/tenant improvements planned:			
Is your business located on: ☐ Ground Floor ☐ U	Jpper Floor		
Are you sharing space with another existing business?	☐ Yes ☐ No If yes	s, with whom?	
Are you operating as an independent contractor leasing	g space at an existing bu	usiness? 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 exc *If the business shares off-street parking with another the property owner).			rements (maintained by
Estimated number of employees:	Full-time:	Part-time:	
Extent of customer visitation:			
Will your business create any nuisance (i.e. noise, odo	rs, or waste products)?	☐ Yes ☐ No	
If yes, what kind?			
	STAFF USE O	NLY	
What zone is this business in?		Occupancy Class:	
Total number of off-street parking spaces required by	the City:		
Zoning Regulations Classification:		<u></u>	
Is this business allowed in this zone? Yes, per	mit not required.	Yes, with a Date Approved:	
Approved By:			
(Planning)	(Date)	(Building)	(Date)
Notes to file:			