



San Rafael

BUSINESS LICENSE APPLICATION - IN TOWN

PLEASE TYPE OR PRINT CLEARLY

Please Check One

NEW APPLICATION
CHANGE

1400 Fifth Avenue, San Rafael, CA 94901
Phone (415) 485-3051 FAX (415) 485-3100

1 CONTACT INFORMATION

Business Name _____

Owner(s) _____

Physical Address (not P.O. Box) _____

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

E-mail Address _____ Website _____

2 ADDITIONAL INFORMATION

Federal ID No. _____

State ID No. _____

Resale No. _____

State Lic. No. _____

License Type _____

Expiration Date _____

3 OWNERSHIP

Corporation LLC LLP LP
 Partnership Sole Proprietor Trust

4 TAX STATUS

For Profit Non-Profit
Proof of non-profit status required

5 START DATE IN SAN RAFAEL

____ / ____ / ____

6 DETAILED DESCRIPTION OF BUSINESS *Include 6-digit NAICS code if known.*

Examples: dental office, retail sales of home appliances, general building contractor, janitorial service, food processing, interior design, real estate agent, consultant, auto body repair.

Primary use: _____

Any other ancillary uses (if applicable): _____

Note: Additional permits are required for businesses such as massage, firearm sales, and peddling.

7 CONFIDENTIAL INFORMATION - OWNER/PARTNERS/CORPORATE OFFICERS *Add additional sheet if needed.*

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Driver License No. _____ Social Security No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Driver License No. _____ Social Security No. _____

8 PROPERTY OWNER

Owner Name _____ Phone () _____

Address _____ Cell Phone () _____

City _____ State _____ Zip _____

9 POLICE AND FIRE PROTECTION INFORMATION *Optional.*

After Hours Contact _____ Phone () _____

Alarm Company _____ Phone () _____

Official Use Only Approvals

Planning Div. Yes No _____ /

Zoning _____

APN# _____

Fire Insp. Yes No _____ /

Occupancy _____

Police Dept. Yes No _____ /

Health Dept. Yes No _____ /

10 FIRE INSPECTION INFORMATION

A Please indicate your general business type if listed below:

- Dry Cleaning
- Fireworks and Pyrotechnic Special Effects
- Laboratory / R&D
- Marina / Boatyard
- Places of Assembly (more than 50 persons)
- Printing / Reprographics
- Repair Garage
- Restaurant
- Spray Finishing / Dripping Operation
- Warehouse / High-piled Storage
- Welding / Hot Work
- Woodshop

B Please answer each question:

- Will your business: store, dispense or use hazardous materials or compressed gases? Yes No
- have underground or aboveground fuel tanks? Yes No
- produce waste that is either recycled or hauled away by another company? Yes No
- treat any hazardous waste on site? Yes No
- use lead-acid battery systems or liquefied petroleum gas (LPG) equipment? Yes No
- utilize any "Acutely Hazardous Materials" or explosives in your business? Yes No

11 LAND USE INFORMATION Complete either (a) commercial location or (b) home occupation as applicable.

A COMMERCIAL: There is a one-time, non-refundable processing fee of \$115.00 for commercial locations.

1. Has there been any construction in this space in the past 3 months or will there be remodeling? Yes No
2. Will you be installing any signs? Yes No *A sign permit is required for all signs.*
3. Business is located: Front Rear. Floor area in square feet _____
4. Business is located: Second Floor or above. Floor area in square feet _____
5. Number of off-street parking spaces: Total on property _____ Assigned to your business use _____
6. Outside storage? Yes No
7. Number of employees: F/T _____ P/T _____ Number of Agents _____
8. Will you be selling tobacco products? Yes No *If yes, a tobacco permit is also required from the Police Dept.*
9. Will you be selling food products? Yes No *If yes, a health permit may also be required from the County.*

B HOME OCCUPATION: There is a one-time, non-refundable processing fee of \$83.00 for home occupations.

Section 14.16.220(C) of the San Rafael Municipal Code regulates businesses based out of the home. Included within these regulations are requirements that no on-site sales occur, no non-resident of the premises is employed on-site, no direct outdoor storage occur, and no increase in pedestrian or vehicular traffic occur as a result of the business. A complete copy of Section 14.16.220(C) is available at the Planning Division or at www.cityofsanrafael.org. By initialing of the application below, you acknowledge the existence of these requirements and agree to comply with them.

(Initial) _____ *Must be initialed in order to be home occupation.*

- Number of employees on-site (other than self) _____
- What is the area (in square feet) of your residence? _____
- What is the area of space (in square feet) used for the business? _____
- Is any part of the business, including storage, conducted in the garage, accessory buildings, or yard areas? Yes No
- Vehicle No. _____ Vehicle Type _____ Where is it parked? _____
- Do clients come to your home? Yes No By appointment? Yes No
- Where do your clients park? _____
- Is any merchandise or equipment stored at the residence? Yes No If yes, explain type, location, and quantity: _____

REFERRING TO TAX SCHEDULE, PLEASE FILL IN THE APPROPRIATE BOXES AND SIGN.

Payment can be made using Visa or MasterCard. If you choose, please provide the following information and mail or fax with your completed application. Fax No. (415) 485-3100

Cardholder Name _____
 Cardholder No. _____ Exp. Date _____

24 I declare under penalty of perjury that to the best of my knowledge the information contained above is true and correct.

Signature _____
 Printed Name _____
 Title _____ Date _____

Thank you for doing business in the City of San Rafael!

2008 Estimated Gross Receipts (assuming 12 months of operation)	\$	12
2005-2007 Gross Receipts (if applicable)	\$	13
No. of Taxable Units (if applicable)		14
Processing Fee (see Box 11)	\$	15
2008 Tax	\$	16
2008 Penalty (if applicable)	\$	17
2005-2007 Taxes (if applicable)	\$	18
2005-2007 Penalties (if applicable)	\$	19
Bus. Improvement Dist. (if applicable)	\$	20
Tobacco Permit (if applicable)	\$	21
Other (if applicable)	\$	22
TOTAL AMOUNT DUE	\$	23