

City of San Rafael

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

BUSINESS LICENSE APPLICATION - OUT OF TOWN

PLEASE TYPE OR PRINT CLEARLY

Business Name _____ Corporate Name _____ Business Location _____ <small>(Not P. O. Box)</small> City _____ State _____ Zip _____ Mailing Address _____ <small>(If Different)</small> City _____ State _____ Zip _____	Official Use Only
	Business License No. _____ Expiration Date _____ Bus. Phone () _____ Bus. Fax () _____

Start Date in San Rafael	Description of Business
/ /	

Ownership: Corporation Ltd Liability Corp Sole Proprietor Partnership Trust

State Lic. No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Federal Tax I.D.** _____ **State Tax I. D.** _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary.

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Social Security No. _____ **Drivers License No.** _____

Payment can now 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: _____ Card Type: _____

Cardholder Number: _____ Expiration Date: _____

NOTE TO CONTRACTORS WITH SUBCONTRACTORS: All subcontractors performing work within the City must have a valid San Rafael business license and a current State Contractors' License.

To determine your tax rate, please subtract the amount paid to your subcontractors from the total job valuation as they will be licensed separately. Submit your payment along with your completed business license application and a list of your subcontractors. A form is available for your use.

PLEASE FILL IN THE APPROPRIATE BOXES, READ AND SIGN.

Estimated Gross Receipts \$		Basic Tax	\$
No. of Employees working in San Rafael	Part Time Full Time 	Employee Fee <small>(if applicable)</small>	\$
No. of Vending Machines		Other Fee (if applicable)	\$
No. of Music/Video Machines		Penalty _____ % <small>(if applicable)</small>	\$
		TOTAL AMOUNT DUE	\$

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

Legal Signature _____ **Title** _____

Print Name _____ **Date** _____

RETURN COMPLETED APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF SAN RAFAEL

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