

City of San Rafael

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

BUSINESS LICENSE APPLICATION - PROPERTY

Please Check One

NEW APPLICATION
CHANGE

PLEASE TYPE OR PRINT CLEARLY

1 Business Name _____

Corporate Name _____

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

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

Mailing Address _____
(if different)

City _____ State _____ Zip _____ Website (if available) _____

2 Federal I. D. No. _____

State I. D. No. _____

3 Purchase Date _____

4 Ownership:
 Corporation Ltd. Liability Corp
 Sole Proprietor Partnership Trust

5 Tax Status:
 For Profit Non-Profit
Proof of non-profit status required

CONFIDENTIAL INFORMATION

6 Name _____ Title _____ Home Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Driver License No. _____ Social Security No. _____

Name _____ Title _____ Home Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Driver License No. _____ Social Security No. _____

7 **THIRD PARTY PROPERTY MANAGER (if applicable)**

Name _____ Title _____ Home Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

8 **POLICE AND FIRE PROTECTION INFORMATION - AFTER HOURS CONTACT**

Name _____ Phone () _____

Address _____ Cell Phone () _____

City _____ State _____ Zip _____

9 **ALARM COMPANY INFORMATION**

Name _____ Title _____ Phone () _____

Address _____

City _____ State _____ Zip _____

PLEASE FILL IN THE APPROPRIATE BOXES, READ AND SIGN.

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 No.: _____ Exp. Date: _____

| | | |
|--------------------------|-----------|-----------|
| Estimated Gross Receipts | \$ | 10 |
| No. of Units | | 11 |
| Processing Fee | \$ | 12 |
| Current Year Tax | \$ | 13 |
| Current Year Penalty | \$ | 14 |
| Past Year(s) Tax | \$ | 15 |
| Past Year(s) Penalty | \$ | 16 |
| TOTAL AMOUNT DUE | \$ | |

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

17 Signature _____

Title _____ Date _____

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