

BUSINESS LICENSE AND TAX RENEWAL

1st NOTICE

New License Period is: 07/01/2008 - 06/30/2009

PAYMENT DUE

DATE

07/31/2008

BUSINESS LICENSE NO. 000467

EXPIRATION DATE 06/30/2006

Business Name and Location
 Abc Company
 990 Palm
 San Luis Obispo, CA 93401

Phone No.
Fax No.

Start Date 11/01/1987
Rate Type GS
SIC Code 7011001
NAIC Code 721110
Ownership Corporation
Email

Mailing Address
 ABC COMPANY
 990 PALM
 SAN LUIS OBISPO CA 93401

State License No.
License Type
Expiration Date

Description of Business: Hotels and Motels

APN Federal ID No. State ID No. 000-0000-0 Resale No.

Owners, Partners, or Corporate Officers - Please make any necessary corrections.

Name	Title	Date of Birth
Address	Phone #1	SSN #
	Phone #2	

• Renewal Message •

- Enter your Gross Receipts from last year in the box at the right.
If your gross receipts are zero, please provide an explanation as to why your business earned no receipts.
- If line 1 is between \$0 and \$50,000 the tax due is \$25.00.
If line 1 is over \$50,000 compute the tax due by multiplying the amount of line 1 by .0005.
- Business License Fee is \$33.**
- If paid after July 31st, please add \$10.00 per month or 1.5% of the outstanding balance, whichever is greater.
- Administrative Citations will be assessed after January 2009.
- Add boxes 2-5 at the right to compute the total tax and license due.
- Please sign and return this form with your payment.

PLEASE MAKE CHANGES TO YOUR ACCOUNT BY COMPLETING THE BACK OF THIS FORM.

IF YOUR LOCATION HAS CHANGED WITHIN CITY LIMITS ZONING CLEARANCE IS REQUIRED AND AN ADDITIONAL FEE OF \$76 WILL APPLY.

MISSING OR INCOMPLETE INFORMATION CAN DELAY THE APPROVAL OF YOUR RENEWAL.

If business is no longer active in San Luis Obispo, please enter closing date here and return to the address above. Date: _____.

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

Signature of Owner or Representative

Date

PLEASE COMPLETE THE FOLLOWING:

1. Actual Gross Receipts	\$
2. Business Tax Amount	\$
3. Business License	\$ 33.00
4. Penalty	\$
5. Administrative Citations	\$
6. TOTAL AMOUNT DUE	\$

We accept Mastercard or Visa

Cash Check # _____ Credit Card

Name as it appears on Credit Card: _____

Account #: _____

Expiration Date: _____

Amount Authorized: \$ _____

➔ PLEASE MAKE CHANGES TO YOUR ACCOUNT BY COMPLETING THE BACK OF THIS FORM. NOTE: MISSING OR INCOMPLETE INFORMATION CAN DELAY THE APPROVAL OF YOUR RENEWAL.

• RETURN COMPLETED RENEWAL NOTICE TO ABOVE ADDRESS WITH A CHECK PAYABLE TO CITY OF SAN LUIS OBISPO •